



2011-2012

# WOW Child Care Registration Form

## Mom's Information

Mom's First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Can you receive text messages? YES  NO   
 Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_

Childcare requested for 1<sup>st</sup> hour? YES  NO  Childcare requested for 2<sup>nd</sup> hour? YES  NO

### 2<sup>nd</sup> hour WOW Class Mom is registering for:

#### **Fall 2011**

Class Name \_\_\_\_\_  
 Class Teacher \_\_\_\_\_ Location \_\_\_\_\_

#### **Winter 2012**

Class Name \_\_\_\_\_  
 Class Teacher \_\_\_\_\_ Location \_\_\_\_\_

#### **Spring 2012**

Class Name \_\_\_\_\_  
 Class Teacher \_\_\_\_\_ Location \_\_\_\_\_

## Children's Information

*List all children who will need child care during WOW*

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_  
 Male  Female Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 Allergies, medical, or other concerns? \_\_\_\_\_  
 \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_  
 Male  Female Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 Allergies, medical, or other concerns? \_\_\_\_\_  
 \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_  
 Male  Female Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 Allergies, medical, or other concerns? \_\_\_\_\_  
 \_\_\_\_\_

Only children pre-registered for childcare will be permitted in rooms. WOW is pleased to provide you with free childcare but space is limited so complete this registration form and send it in promptly to secure your space. Forms can be dropped at the church office, handed in at the wow registration table or given to Jessica Diehl. Any question please give Jessica call 899-0645