



**West Orlando Baptist Church  
Child Discovery Center**

1006 E. Crown Point Road, Ocoee, Florida 34761 • 407-905-9446

[www.westorlandbaptistchurch.com](http://www.westorlandbaptistchurch.com)

**ENROLLMENT FORM**

***STUDENT INFORMATION:***

Child's Name: \_\_\_\_\_  
Last First Middle Suffix  
Preferred Name/Nickname: \_\_\_\_\_ Grade (*circle one*): Infant Toddler K2 K3 K4  
Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

***FAMILY INFORMATION:***

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home email address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle Suffix  
Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Emergency Contact: Y or N Allowed to p/u child: Y or N

**Mother's Name:** \_\_\_\_\_  
Last First Middle Suffix  
Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Emergency Contact: Y or N Allowed to p/u child: Y or N

Family status: \_\_\_\_\_ Are both parents in the home? \_\_\_\_\_

Other children (list names and ages): \_\_\_\_\_

Has your child been cared for by a daycare facility in the past? \_\_\_\_\_ If yes, please give name of facility and explain reason for leaving: \_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contacts ( <i>other than parents</i> )		
Contact Name: _____	Relationship to child: _____	
Home Phone: (____) ____ - ____	Mobile Phone: (____) ____ - ____	Business Phone: (____) ____ - ____
Contact Name: _____	Relationship to child: _____	
Home Phone: (____) ____ - ____	Mobile Phone: (____) ____ - ____	Business Phone: (____) ____ - ____
Contact Name: _____	Relationship to child: _____	
Home Phone: (____) ____ - ____	Mobile Phone: (____) ____ - ____	Business Phone: (____) ____ - ____

Medical Contacts:	
Physician: _____	Business Phone: (____) ____ - ____
Dentist: _____	Business Phone: (____) ____ - ____
Hospital: _____	Business Phone: (____) ____ - ____
Insurance Carrier*: _____	Name of Insured: _____
Policy Number: _____	Phone Number: (____) ____ - ____

*\*A copy of your insurance card will be kept on file*

Pickup Information (People authorized to pick up your child from the daycare):		
Name: _____	Relationship to child: _____	Phone: (____) ____ - ____
Notes: _____		
Name: _____	Relationship to child: _____	Phone: (____) ____ - ____
Notes: _____		
Name: _____	Relationship to child: _____	Phone: (____) ____ - ____
Notes: _____		