



**West Orlando Baptist Church
Child Discovery Center**

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

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: _____		