



Family Enrichment Center, Inc.  
Wee Care Nursery  
Enrollment Form

Date of Application: \_\_\_\_\_

**CHILD INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Likes to be called: (nickname if any) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Age: \_\_\_\_\_

**PARENTAL INFORMATION:**

Mother Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: (circle one) single married divorced other \_\_\_\_\_  
Work place \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: (circle one) single married divorced other \_\_\_\_\_  
Work place: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OTHERS IN THE HOME: (Siblings, grandparents, etc.)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Are there any special family issues that the staff needs to be aware of?

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