

**Family Enrichment Center, Inc.  
Wee Care Nursery Enrollment Form**

**Date of Application:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Child Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Likes to be called (nickname) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

**Parental/Caregiver Information:**

Mother \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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Father \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work place \_\_\_\_\_

**Others in the Home:**

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 \_\_\_\_\_

**Special Family Issues or Things We Should Know About Your Child (i.e. allergies, etc.):**

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Child's Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

**Eligibility Criteria Information:** *(Information below is held confidential and used for program reporting only)*

Total number of people in the home \_\_\_\_\_ Household annual gross income *(before taxes)* \_\_\_\_\_

Mother's Income \_\_\_\_\_ Father's Income \_\_\_\_\_  
*(Proof of income must be provided, i.e. current K-Chip or Medicaid card, 1040, or one month of pay stubs)*

Has the child ever been in foster care or any other out of home care? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Is the family experiencing any circumstances that would be considered a crisis? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

How did you become aware of Wee Care and Respite Childcare services? \_\_\_\_\_

Is either parent a student at a university, technical school, business college, high or jr. high school, involved in a welfare to work program, or job retaining program? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you a single parent? \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child have any special needs? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Has there ever been a substantiated abuse or neglect investigation? \_\_\_\_\_ yes \_\_\_\_\_ no

Is this child five years old or younger? \_\_\_\_\_ yes \_\_\_\_\_ no

Has there ever been any substance abuse in the home? \_\_\_\_\_ yes \_\_\_\_\_ no

Has there ever been a domestic violence situation in the home? \_\_\_\_\_ yes \_\_\_\_\_ no

Is either parent a teenager? \_\_\_\_\_ yes \_\_\_\_\_ no

Is either parent developmentally disabled? \_\_\_\_\_ yes \_\_\_\_\_ no

Is this family defined to be at "high risk" as assessed by Protection and Permanency staff?  
\_\_\_\_\_ yes \_\_\_\_\_ no

I certify that the aforementioned information is correct, is the agreed upon date and time of service and I will abide by the policies in the Parent Handbook. I understand that this registration does not guarantee my child's attendance.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

***For office use only***

**Wee Care** \_\_\_\_\_ **Respite** \_\_\_\_\_

Criteria Met (list all that apply):

# of pts \_\_\_\_\_ Does not qualify \_\_\_\_\_

- 1.
- 2.
- 3.

Accepted for enrollment on \_\_\_\_\_ for classroom \_\_\_\_\_ Director's Signature \_\_\_\_\_