

Oxford Baptist Church W.E.E. School Application
(Please return to: OBC WEE School PO Box 398 Oxford, NC 27565)

Date of Application _____ (Date Application Rec'd _____)

Child's Name _____
(First) (Middle) (Last)

Goes by _____ Date of Birth _____ Please circle: Boy or Girl

Street Address _____ City, Zip _____

Home Telephone _____ Primary E-mail _____

Father's Name _____ Mother's Name _____

Father's Employment _____ Mother's Employment _____

Father's Business Phone _____ Mother's Business Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

In case of emergency and parents can't be reached, contact (give name, phone numbers, relation to child)

Are both parents living in the home? _____ If not, with whom does the child live? _____

List names & ages of siblings _____

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc)? If yes, what are they? _____

Please give any information concerning your child which will be helpful in his experience in group living, such as play, eating, sleeping habits, special fears, likes or dislikes: _____

Membership of Oxford Baptist Church? Yes _____ No _____

Sibling of former WEE School student. Please give name & year attended: _____

Class Choice:

(please select one) _____ 2 year olds – 2 days per week 8:30-12:00

_____ 3 year olds – 3 days per week 8:30-12:00

_____ 4 year olds – 5 days per week 8:30-12:00