



**MOTHER/GUARDIAN'S INFORMATION: (All information MUST be filled in!!)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address (with City & Zip): \_\_\_\_\_

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other

**Important: \*\*\*** [ ] Child lives me [ ] I am an Emergency Contact [ ] I am Authorized to Pick up

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address (with City, State & Zip): \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CAR:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ Driver's License State & #: \_\_\_\_\_

Church Home: \_\_\_\_\_ Attends Church Regularly: [ ] Yes [ ] No

Is there is other information you would like us to know about you? \_\_\_\_\_

May we share your email address with other CWE parents, if requested? [ ] Yes [ ] No

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**FATHER/GUARDIAN'S INFORMATION: (All information MUST be filled in!!)**

First Name: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address (with City & Zip): \_\_\_\_\_

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other

**Important: \*\*\*** [ ] Child lives me [ ] I am an Emergency Contact [ ] I am Authorized to Pick up

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address (with City, State & Zip): \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CAR:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ Driver's License State & #: \_\_\_\_\_

Church Home: \_\_\_\_\_ Attends Church Regularly: [ ] Yes [ ] No

Is there is other information you would like us to know about you? \_\_\_\_\_

May we share your email address with other CWE parents, if requested? [ ] Yes [ ] No

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**HOW DID YOU HEAR ABOUT OUR PROGRAM:** [ ] Friend/Referral [ ] Website [ ] MOPS

[ ] Church [ ] SOS [ ] Attended Last Year [ ] Attended Before [ ] Other: \_\_\_\_\_