

**WEE WORKS PROGRAM  
400 W. NEBRASKA STREET  
FRANKFORT, IL. 60423  
(815) 464-5579**

**APPLICATION FOR ADMISSION**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (street, town, zip.) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell phone or pager \_\_\_\_\_

Marital status of parents \_\_\_\_\_

Father's / Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Mother's / Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Child's Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**\*Emergency Contacts other than parent / guardian\***

1) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Authorized person to pick child up**

1) Name \_\_\_\_\_ License Plate # \_\_\_\_\_

Color / Make of vehicle \_\_\_\_\_

2) Name \_\_\_\_\_ License Plate # \_\_\_\_\_

Color / Make of vehicle \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_