

## WEDNESDAY NIGHT LIVE ENROLLMENT

Names of Students	Grade	Age	Birthdates	School

Residence Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
EMAIL Address: \_\_\_\_\_  
Emergency Contact  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Church Affiliation \_\_\_\_\_  
Please list any allergies or health concerns \_\_\_\_\_

\*\*In case of medical emergency, the WNL program personnel are authorized to take my child to Seton-HLMC for emergency care  
Printed name of Parent/Guardian \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_

Please list which children will be picked up from school. A note will also have to go to school before we will be allowed to pick up your child.

Child \_\_\_\_\_ School/Teacher \_\_\_\_\_  
Child \_\_\_\_\_ School/Teacher \_\_\_\_\_

**NEW!**  
**No charge for 2011 – 2012**  
**Supper will not be served to Elementary Children**  
**Program begins with Bus Pickup and Snack after school**  
**Parent Pickup for Elementary Children is 6:00pm**