

APPLICATION FOR ENROLLMENT

_____ T/Th 2's

_____ M/W/F 3's

_____ M/W 2's

_____ T/W/Th 4's

_____ M-F 4's/5's

Child's full name _____

Name child goes by _____

Date of birth _____ Sex _____

Child's home address _____

City _____ Zip _____

Home phone # _____

Cell phone # _____

Email _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ work # _____

Father's place of employment _____

Mother's name _____ work # _____

Mother's place of employment _____

FAMILY INFORMATION

Brothers and/or sisters and please indicate ages

1. _____ 3. _____

2. _____ 4. _____

PICK UP

Persons authorized to pick up child

1. _____ phone # _____

2. _____ phone # _____

3. _____ phone # _____

4. _____ phone # _____

PERSONAL HISTORY

Has child had a previous group or preschool experience? _____

If so, where and when?

Does child have any allergies?

Are there any medical problems of which we should be aware?

Are there any special food or eating instructions?

Any additional information such as discipline, child's communication, comforting, and so on?

Expectations of this year...

PERMISSION FOR HEALTH CARE

Child's name _____

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

AUTHORIZED ADULTS

In the event of an emergency, please indicate your name and phone number where you and another authorized person can be reached.

Father's name _____ Phone _____

Mother's name _____ Phone _____

Authorized person _____ Phone _____

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature/date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/date