



Enrollment Form

Enrollment Date: _____

Child's Name: _____

Nickname (if any): _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____

Mother/Guardian's Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Work Address: _____

Father/Guardian's Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Work Address: _____

Person(s) allowed to pick up child (besides parents/guardians):

1.) Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

2.) Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

3.) Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

Emergency Contact:

1.) Name: _____ Cell: _____

Work Phone: _____ Home Phone: _____

Address: _____

2.) Name: _____ Cell: _____

Work Phone: _____ Home Phone: _____

Address: _____

In the case of an emergency, I give my permission for any of the individuals listed under emergency contacts or as alternative pick-up persons to be contacted and for my child to be released to them.

Parent/Guardian Signature: _____ **Date:** _____

Any Person NOT Permitted to Pick Up Child (court order must be provided):

Name: _____

Child's Doctor's Name: _____ Phone: _____

Address: _____

Last Vision Screening Date (if any): _____

Last Hearing Screening Date (if any): _____

Allergies (including drug reactions)? Yes _____ No _____ If yes, please specify: _____

Regular Medications? Yes _____ No _____ If yes, please specify: _____

Any special health issues that the preschool provider should be aware of? _____

Child's Dentist's Name: _____ Phone: _____

Address: _____

Last Dental Check-Up Date (if any): _____

Child's Medical Insurance: _____

Member/Policy Number: _____

Policy Holder Name: _____

Phone Number: _____

Hospital of Preference: _____

Address: _____

Phone: _____

Does the child have siblings?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does your child have any special habits or personality traits that you would like the provider to know about? _____

In what areas do you feel like your child excels (academic/social/emotional/physical)?

In what areas would you like to see your child grow (academic/social/emotional/physical)?

For a child to participate in a licensed childcare facility, the state requires this application must be accompanied with a signed medical statement prior to admission to child care which must be updated per APA Guidelines or the doctor's recommendations stated on the previous health form. I agree to provide the necessary documents: **Parent/Guardian Initials:** _____
Date: _____

A complete copy of the Parent/Guardian Handbook with our policies and procedures of the preschool will be given to the parents at the time of admission. Any updates of the policies and procedures will be given as changes are made.