



Registration Fee Paid \$ _____
Date Paid _____
Referral: _____
Start Date: _____

## Enrollment Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M/F

Name by which child is most often called: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Home Phone #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### Family Information

Father/Guardian Name		Mother/Guardian Name	
Live with Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live with Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Home Phone		Mother's Home Phone	
Father's Employer		Mother's Employer	
Father's Work Phone		Mother's Work Phone	
Father's Cell Phone		Mother's Cell Phone	
Father's E-Mail		Mother's E-mail	

Other Members of the Household:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Emergency Contacts

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person's Designated to pick up the child other than the parent:**

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons NOT PERMITTED to pick up your child:** \_\_\_\_\_

**Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Operations, serious injuries, or diseases: \_\_\_\_\_

Restrictions of Physical Activity: \_\_\_\_\_

Current Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Program Choice**

3 Year Old Preschool

4 Year Old Preschool

\_\_\_\_ TTH Morning (8:45 am-11:15 am)

\_\_\_\_ MWF Morning (8:45 am-11:15 am)

\_\_\_\_ TTH Afternoon Extended (12:15 pm-3:15 pm)

\_\_\_\_ MWF Afternoon (12:15 pm-3:30 pm)

Full Day Preschool (7:00 am – 5:30 pm)

Summer Camp (Please attach Camp Form)

M      T      W      TH      F

\_\_\_\_ Junior Camp    \_\_\_\_ Senior Camp

Before School (7:00 am-8:30 am)

After School (4:00 pm-5:30 pm)

M      T      W      TH      F

M      T      W      TH      F

Special Requests: (We cannot guarantee requests)

Teacher: \_\_\_\_\_

Children in Class: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_