



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

## Enrollment Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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 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: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ 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: \_\_\_\_\_

**Preschool Program Choice**

3 Year Old Preschool

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

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

4 Year Old Preschool

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

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

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

M      T      W      TH      F

Kindergarten Enrichment or B/A School

M      T      W      TH      F

Special Requests: (We cannot guarantee requests)

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

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

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