For office use only: Room:_____ Days:_____

Start Date:_____ Leave Date: _____

Date Reg. Paid:_____ Check No.:_____ Cash:_____

FCC Weekday Preschool

Student Enrollment Form 2017/2018

Student's Information:

Student Name:_____
Last First Middle Suffix
Preferred Name:_____ Grade Level:_____
Date of Birth:_____ Gender: _____

Family E-Mail Address:_____
(This email will be used for news, events, and reminders)

Address Line 1:_____
_____
Address Line 2:_____
_____
City State Zip Code County
____ please check if you would like us to include both addresses for mailings & directory.

****Primary phone # to be called during school hours _____**

Parent 1 Information:
Name:_____
Last First Middle Suffix
E-Mail (if different from above family email):_____
Primary Phone: _____ Alternate Phone_____
Company Name:_____Job Title/Occupation:_____

(over)

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Parent 2 Information:

Name:_____

Last First Middle Suffix

E-Mail (if different from above family email):_____

Primary Phone: _____ **Alternate Phone**_____

Company Name:_____**Job Title/Occupation:**_____

Emergency Contacts (OTHER THAN PARENTS)

Contact Name: _____**Home Phone:**_____

Relationship to Student: _____ **Mobile Phone:**_____

Contact Name:_____**Home Phone:**_____

Relationship to Student:_____ **Mobile Phone:**_____

Medical Information:

Physician:_____**Phone:**_____

Hospital:_____**Phone:**_____

Medical Conditions/Allergies:_____

_____

___ Please provide your child's birth certificate to copy for their file as required by the Department of Children and Family Services, our licensing agency.