Bethlehem Church Preschool Enrollment Form

Child's Name: _____
(First) (Middle) (Last)

Child's Age: _____ Birth date: _____ Sex: _____
(month, day, year)

Address: _____
(street)

_____
(city) (state) (zip)

Program: (circle) THREE YEAR FOUR YEAR FIVE YEAR

Family Information:

Father's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Employer: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Employer: _____ Cell Phone: _____

Siblings: _____ Age: _____
_____ Age: _____

Email address: _____

Information about your child:

List any allergies that your child has (dust, drugs, plants, animals, foods, etc.):

_____

_____

List procedures we are to follow if your child has an allergic reaction:

_____

Please give any information concerning your child which will be helpful in his/her experience in a group setting (play, eating habits, sleeping habits, special fears, likes and dislikes, activities outside home, etc.):

_____

_____

Emergency Information:

Name of child's Doctor: _____ Office Phone: _____

Address: _____

Hospital Preference: _____

Emergency Names to contact if parents cannot be reached:

1st Contact: _____ Phone: _____

2nd Contact: _____ Phone: _____

Emergency Consent:

I agree that the Director may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____

(Signature of Parent) (Date)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child: _____.
However, if I cannot be reached, I hereby authorize Bethlehem Church Preschool to transport my child or have child transported by responding emergency unit (at parent's expense) to the _____ hospital (or medical facility) and to secure for my child the necessary medical treatment.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____