



ENROLLMENT FORM

CIRCLE ONE: All Day Program 7:00-6:00 Preschool I 9:00-1:00 Preschool II 8:30-3:00

CIRCLE PREFERRED DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Child's Full Name: _____ Date of Birth: _____ Gender: M/F _____
Date of Admission: _____ Age as of Sept. 1st _____ Lives with: _____
Street: _____ City, State, Zip: _____ Home Phone: _____
Child's Primary Language(s) _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Allergies/Special Diets: _____
Currently in Early Intervention: Y N If yes, where and for what services? _____
Notes: _____
Siblings: Name: _____ Age: _____ Name: _____ Age: _____
Parent/Guardian Name: _____ Relationship to Child: _____
Place of Employment/Address: _____ Work Phone: _____
Cell Phone: _____ EMAIL ADDRESS: _____
Parent/Guardian Name: _____ Relationship to Child: _____
Place of Employment/Address: _____ Work Phone: _____
Cell Phone: _____ EMAIL ADDRESS: _____
Child's Physician: _____ Phone #: _____
Chronic Health Conditions/ Limitations or concerns: _____
Individual Health Care Plan for chronic health condition? Y N Circle one and please attach if yes.
Medications to be stored at school: _____
Health Insurance/Policy # _____
I authorize staff at Jake's Place trained in the basics of CPR/First Aid to administer to my child when appropriate. I understand I will be contacted in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary treatment for my child.
Parent/Guardian Signature: _____ Date _____