



Student Data / Registration Sheet / Child Pick Up Authorization

Student Information:

Student Name: _____

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

CLASS: Infant Pre-Toddler Toddler Primary Elementary

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: ☐Mon ☐Tue ☐Wed ☐Thurs ☐Fri

Child Lives With: _____

Mother's
Name: _____

Father's
Name: _____

Email
Address: _____

Email
Address: _____

Address: _____

Address: _____

Cell
Phone: _____

Cell
Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Medical Information: I hereby grant permission for the staff of Anderson Prep Preschool LLC to call 911 and to also contact the following medical personnel to obtain emergency medical care if warranted.

Child Insurance Information:

Health Insurance Provider: _____

Policy Number: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____



ANDERSON PREP PRESCHOOL

Please list allergies, special medical or dietary needs, or other areas of concern or helpful information about your child:

Child Pickup Authorization – other than the legal guardians listed

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Any person(s) **NOT** authorized to pick up my child/children:

Note: Any person unfamiliar to APP will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent. By signing below, you verify that you have received the above items and that all information on this enrollment is complete and accurate.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____