



Registration Fee Paid \$\_\_\_\_\_

Date Paid \_\_\_\_\_

Referral: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Enrollment Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M/F

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 Employer		Mother's Employer	
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: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ 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 (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 7:00 am – 12:30 pm

M      T      W      TH      F

Before School (7:00 am – 8:30 am)

M      T      W      TH      F

After School (4:00 pm – 5:30 pm)

M      T      W      TH      F

Special Requests: (We cannot guarantee requests)

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

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

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