

**FINGERPRINTS CHRISTIAN PRESCHOOL
Clipboard Enrollment Form**

Name of Child _____ Birth Date _____

Name of Legal Guardian's _____

Address _____ E-Mail _____

Father's Name _____ Home Phone _____

Driver's License # _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

Mother's Name _____ Home Phone _____

Driver's License # _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

ALLERGIES _____

Special Needs/Medications _____

Emergency Contact Name _____ Relationship _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

**I HEREBY AUTHORIZE FINGERPRINTS TO ALLOW
MY CHILD TO LEAVE THE FACILITY WITH ONLY THE FOLLOWING PEOPLE**

1. _____ 2. _____ 3. _____

Home Phone _____ Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____

Health Insurance _____ Policy # _____

AGREEMENTS

1. I have been furnished a copy of Fingerprints Parent Handbook (Operational Policies). I understand and accept these policies and release the corporation, the staff of Fingerprints and volunteers from any liability for injuries or illness resulting from conditions or circumstances beyond control.
2. I give permission for the staff of Fingerprints Christian Preschool to seek emergency medical care whenever needed for my child and understand Centennial Medical Center would normally be used. Permission is granted for release of health insurance information to cover the cost of emergency care.
3. I agree that payment for childcare shall be made in accordance with payment each month, and that a two-week paid notice is required to withdraw my child.

Father's Signature _____ **Mother's Signature** _____