



Enrollment Form – Pre-K & Preschool

Student/Family Information

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

 Parent/Guardian Name _____ Cell Phone _____

Employer Name _____ Work Phone _____

Employer Address _____

Parent/Guardian Name _____ Cell Phone _____

Employer Name _____ Work Phone _____

Employer Address _____

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted.**

Name	Name
Street Address	Street Address
City	City
State	State
Zip Code	Zip Code
Relationship to Child	Relationship to Child
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

Physician's Name	Dentist's Name
Street Address, City, State, Zip	Street Address, City, State, Zip
Phone	Phone

Please complete the other side →

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Please circle the following preferences regarding the program roster (by circling the desired statements you authorize the information to be listed on the parent roster):

My Child's Name: YES NO

Parent's/Guardian's Name YES NO

Phone Number Work / Home / Cell NO

Signature of Parent/Guardian _____ Date _____

Health Information

Chronic Physical Problems:

History of Hospitalization:

Diseases this child has had:

Allergies and Treatment:

Medications, Food Supplements, Modified Diet or Fluoride Supplements:

Release Information

List of Person(s) to whom this child can be released:

List of Person(s) not permitted to pick up this child:

Immunization Exemption Information

Exempt from Immunization YES NO

Reason for Exemption:

Parent/Guardian Signature for Immunization Exemption
