

Preschool Application & Enrollment Form

Child's Name:		Date of Birth:
Home Address:		
City:	State/Zip:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	Cell Phone:	Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email
Email:		

Parent or Guardian Name:	Home Address (if different from child):
Preferred Phone:	Email:
Work Phone:	Place of Work:

Parent or Guardian Name:	Home Address (if different from child):
Preferred Phone:	Email:
Work Phone:	Place of Work:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Relationship:	Contact Number:

In case of injury or sudden illness, I request this individual be contacted first.	Name:
	Phone Number:

The following individual(s) may NOT sign my child out from the preschool:

Name:

Printed Name: _____ **Signature:** _____ **Date:** _____

Health and Medical Information

Immunizations up to date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any physical conditions that we should be aware of? If yes, describe the condition and list what precautions should be taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take any medications? If yes, please list each medication:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any speech, hearing, or vision problems? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other concerns?		

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, etc.

Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.

The following information will be used in case of medical emergency and the preschool is unable to get ahold of any emergency contacts:

Child's Doctor:	Phone Number:
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Printed Name: _____ Signature: _____ Date: _____