

# Messiah Lutheran Preschool

915 Oneida Street  
Lewiston, NY 14092  
754-4944 Church Office  
998-4439 Mrs. Aloian

## Enrollment Form

### Basic Information

Name of Child (first and last) \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Best way to contact you: [ ] phone call # \_\_\_\_\_ [ ] text # \_\_\_\_\_

Two people that can be notified in an emergency if both parents are unavailable

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Health Conditions/Considerations:

\_\_\_\_\_

If illness or an accident occurs at school and neither parents nor emergency contacts can be reached, I give my permission to the Messiah Lutheran Preschool to secure medical aid from the aforementioned physician, his/her associates, or from the most immediately available licensed medical care professional at my personal expense.

We hereby enroll \_\_\_\_\_ at Messiah Lutheran Preschool and give permission for full participation in all school activities. As parents, we are willing to abide by the standing rules and to fulfill our financial responsibilities.

Mother's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Father's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Other Information

Names and ages of siblings: \_\_\_\_\_

Other members of household: \_\_\_\_\_

Pets (names and kind): \_\_\_\_\_

Any concerns regarding toileting habits: \_\_\_\_\_

\_\_\_\_\_

Auditory, visual, speech, or other delays or concerns: \_\_\_\_\_

\_\_\_\_\_

Please add any comments that might further our understanding of your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_