

ENROLLMENT FORM

First Lutheran Church
Temple, Texas



LITTLE ANGELS
Mother's Day Out Preschool
LEARNING AS WE GROW

1515 West Adams Avenue Temple, Texas 76504 | (254) 217-5035 | mothersdayouttemple@yahoo.com
Find us on Facebook @ LittleAngelsMDO

Office Use Only: 9AM-12:30PM 9AM-2PM Early Bird Drop Off 7:30AM
Enrollment Date: _____ Registration Fee Paid _____
 Shot Record Received Parent/Provider Contract Signed Parent Key Code _____

CHILD INFORMATION

CHILD'S NAME: _____

DOB: _____

MEDICAL CONDITIONS/ALLERGIES: _____

PEDIATRICIAN: _____

PHONE: _____

CONTACT INFORMATION

HOME ADDRESS: _____

PHONE: _____

EMAIL: _____

PRIMARY GUARDIAN INFORMATION

NAME: _____

RELATIONSHIP TO CHILD: _____

DAYTIME CONTACT NUMBER: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

DAYTIME CONTACT NUMBER: _____

Which guardian should be contacted first? _____

EMERGENCY CONTACT

NAME:

RELATIONSHIP TO CHILD:

DAYTIME PHONE:

OTHER PHONE:

AUTHORIZED PICKUPS

NAME:

RELATIONSHIP TO CHILD:

NAME:

RELATIONSHIP TO CHILD:

NAME:

RELATIONSHIP TO CHILD:

Please check here if NO ONE other than parents are allowed to pick up child

ADDITIONAL COMMENTS AND INFORMATION
