

Little Angels MDO Preschool



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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