Grace Lutheran Preschool - 415 10th Street, DeWitt, IA 52742 563.659.9193

Enrollment Form

Student Information:

Child's Name:_____

(Last) (First) (Preferred)

Birthdate: _____ ___Male ___Female

Child Lives With: ___ Parents ___Mother ___Father ___Grandparent

Address Where Child Resides: _____

City:_____ State:_____ Zip:_____

Phone Number:_____

Parent/Guardian Information:

Mother's Name: _____ Home Phone:_____

Address(if different):_____

Cell Phone:_____ Work Phone:_____

Employer:_____

Father's Name: _____ Home Phone:_____

Address(if different):_____

Cell Phone:_____ Work Phone:_____

Employer:_____

Other children or people living in the home (name, age & relationship):

_____

_____

Health Information:

Allergies (Note an Allergy Action Plan, signed by a Physician, must be on file for dietary or allergies requiring the use of an Epipen.):

_____

_____

Medications or Food Supplements (List all currently being administered):

_____

_____

Medical Conditions (List all medical conditions, diseases, hospitalizations, chronic physical problems for your child, such as premature birth, developmental delays, stuttering…):

_____

_____

Are you aware of any vision, speech or hearing difficulties with your child? If yes, please explain. _____

Date of : Last Dental Visit _____

Have you visited an eye doctor? _____

Does your child wear glasses? _____

Has your child had a hearing test? _____ Results: _____

Is your child right-handed or left-handed? _____

Other:

Has your chld had previous preschool or day care experience? If so, where?

_____

Child Care Provider & Phone: _____