



Registration Fee Paid \$ _____
Date Paid _____
Referral: _____
Start Date: _____

Enrollment Form

Child's Name: _____ Birthdate: _____ M/F

Name by which child is most often called: _____

Child's Home Address: _____ City: _____ Zip: _____

Child's Home Phone #: _____ Subdivision: _____

Family Information

Father/Guardian Name		Mother/Guardian Name	
Live with Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live with Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Home Phone		Mother's Home Phone	
Father's Employer		Mother's Employer	
Father's Work Phone		Mother's Work Phone	
Father's Cell Phone		Mother's Cell Phone	
Father's E-Mail		Mother's E-mail	

Other Members of the Household:

Name: _____ Birthdate: _____ Relationship: _____

Name: _____ Birthdate: _____ Relationship: _____

Name: _____ Birthdate: _____ Relationship: _____

Emergency Contacts

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

Person's Designated to pick up the child other than the parent:

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

Persons NOT PERMITTED to pick up your child: _____

Medical Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Operations, serious injuries, or diseases: _____

Restrictions of Physical Activity: _____

Current Medication: _____ Purpose: _____

Program Choice

3 Year Old Preschool

____ TTH Morning (8:45 am-11:15 am)

____ TTH Afternoon Extended (12:15 pm-3:15 pm)

Full Day Preschool (7:00 am – 5:30 pm)

M T W TH F

Before School (7:00 am-8:30 am)

M T W TH F

4 Year Old Preschool

____ MWF Morning (8:45 am-11:15 am)

____ MWF Afternoon (12:15 pm-3:15 pm)

Summer Camp (Please attach Camp Form)

____ Junior Camp ____ Senior Camp

After School (4:00 pm-5:30 pm)

M T W TH F

Special Requests: (We cannot guarantee requests)

Teacher: _____

Children in Class: _____

Signature of Parent/Guardian _____ Date: _____