



Preschool Enrollment Application

All fields must be filled out completely in order to process registration. The non-refundable \$200 application fee must accompany the Enrollment application.

CHILD'S INFORMATION:

Last Name:	First Name / Middle Name:	DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:		Telephone:	

PARENT / GUARDIAN INFORMATION:

Last Name / First Name:		Last Name / First Name:	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Employer:	Telephone:	Employer:	Telephone:
Email:		Email:	

Marital Status Of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed If divorced, name parent who has legal custody:	Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
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EMERGENCY CONTACTS:

In the event of an emergency we will contact the parents/legal guardians first. If we cannot reach them we will contact the persons designated below. In the event that we are unable to reach the designated representatives or if medical emergency warrants immediate response, we will act on your behalf, in the best interest of the child.

Name:	Relationship to child:	Telephone
Name:	Relationship to child:	Telephone:
Name:	Relationship to child:	Telephone:

AUTHORIZED PICK-UP:

Complete information below for individuals who have your permission to pick up your child. The persons below must be at least 18 years of age.

Name:	Relationship to child:	Telephone:
Name:	Relationship to child:	Telephone:



Name:	Relationship to child:	Telephone:
Name:	Relationship to child:	Telephone:

MEDICAL INFORMATION:

Physician Name:	Telephone:
Physician Address:	

For Emergency Medical Treatment of my child, my preferred hospital is:

Diagnosed Significant Medical Needs (asthma, diabetes, food allergies, any other life-threatening condition):

*** In case of extreme emergency we will follow the directives of the emergency medical service personnel.

ADDITIONAL INFORMATION:

Is your child FULLY POTTY TRAINED: YES NO

Has your child attended preschool before? YES NO

If Yes, where? _____

Requested Start Date (based on availability) : _____

Program: Full Time AM Part Time PM Part Time

AGREEMENTS:

1. Please remit a non-refundable \$200 application fee with your enrollment.
2. Once a space is offered, the deposit must be submitted within one week to be guaranteed a space. **The deposit is a one month's tuition and is non-refundable and non-transferable.**

By signing this enrollment application, the Parent / Guardian understands and accepts the policies stated above

Child's Name	Date:
Parent Name	Parent Signature
Parent Name	Parent Signature