



OFFICE USE ONLY
Class _____
Date reg. rec'd _____
Check # _____
Tuition Agreement _____
Photo OP _____
Immunizations _____
Covid Waiver _____

Preschool Enrollment Information

2022-2023

Child's full Name _____ DOB ____/____/____

Name the child is used to being called _____

Child's address _____ City _____ State _____ Zip _____

Parent's/Guardians names: (please indicate who should be called first should we need to contact you.)

Mother's Name _____

Daytime phone number _____ (cell) Alternate number _____

Email address _____

Mother's employer _____

Father's Name _____

Daytime phone number _____ (cell) Alternate number _____

Email address _____

Father's employer _____

Parent(s) single _____ married _____ separated _____ divorced _____

Child completely Toilet Trained . _____ At what age in months? _____

*Please note 3- and 4-year-old children need to be toilet trained before acceptance in our program.

- Has your child attended a child care/ preschool program? _____

If so, at what age? _____ And for how long? _____

- IF other than parent/guardian, list the person(s) who will be picking your child up each day.

Name	Relationship to child	Phone number	Email

***I will need a second Family Name carpool tag YES _____ NO _____**

- Please comment on any allergies/disabilities/developmental delays/behavioral concerns:

Please send copy of immunizations or a doctors' statement as to child's health.

Name of siblings; ages

Parent Signature: _____ Date: _____

Parent Printed Name: _____