

# Prospect Presbyterian Preschool 2009/2010 Enrollment Agreement

Name of Child \_\_\_\_\_ M \_\_\_ F \_\_\_\_\_  
(Nickname)

Address \_\_\_\_\_  
*Number and Street City State Zip P.O. Box*

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\*\*\*\*  
Class Enrolling In \_\_\_\_\_ Reg. Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

1<sup>st</sup> Choice Days \_\_\_\_\_ 2<sup>nd</sup> Choice Days \_\_\_\_\_

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## **Family Information**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents Marital Status Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_

Sibling(s): Name / Age

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Other Adults in the Home \_\_\_\_\_ Relationship \_\_\_\_\_

Pets \_\_\_\_\_

Church Membership \_\_\_\_\_

## **Pick Up Authorization**

Names and phone numbers of persons to whom we may release your child:

Name/Relationship	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Do you carpool? \_\_\_\_\_

Drivers	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

(OVER)

**Child's Information**

Has your child attended preschool previously? \_\_\_\_\_ Where? \_\_\_\_\_

Favorite activities and toys \_\_\_\_\_

Does your child have any known allergies (such as dust, medications, plants, animals, food, etc.)? If yes, what are they? (Be specific) \_\_\_\_\_  
\_\_\_\_\_

Please give any information concerning your child which will be helpful in his / her experience (playing, eating, special fears, special likes or dislikes). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Care Information**

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If father, mother, (or guardian) cannot be contacted, call:

Name / Relationship	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

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I agree that the Director/Teacher may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

I WILL PROVIDE MY CHILD'S IMMUNIZATION RECORD BY SEPTEMBER 1.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_