

LITTLE LAMBS PRESCHOOL

Learning of Love, Loving to Learn

2018-2019 Enrollment Form

CHILD'S FULL NAME _____ Nickname _____

Date of Birth _____ Gender _____

HOME ADDRESS _____

MOTHER/GUARDIAN'S FULL NAME _____

Occupation/Employer _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Preferred Method and Time of Communication _____

Address (if different from child's home) _____

FATHER/GUARDIAN'S FULL NAME _____

Occupation/Employer _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Preferred Method and Time of Communication _____

Address (if different from child's home) _____

Parents' Marital Status:

Married _____ Single _____ Divorced _____

SIBLINGS' NAMES/AGES

Name _____ age _____

Name _____ age _____

Name _____ age _____

PERSONS PERMITTED TO PICK UP CHILD FROM PRESCHOOL (other than parents)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY CONTACTS (other than parents)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Pediatrician and/or Family Physician _____

Address _____ Phone _____

Allergies/Restrictions/Disabilities _____

I give permission to the staff of Little Lambs Preschool to transport or arrange for the transportation of my child to emergency medical care, and I give permission for medical treatment declared immediately necessary, in the event that I or any emergency contacts listed cannot be contacted.

Signature of Parent/Guardian _____

Please provide a copy of your child's birth certificate and immunization form for enrollment.

DEVELOPMENTAL INFORMATION

Church Affiliation _____

Special Family Circumstances _____

Child's Likes/Dislikes/Fears/Needs _____

Previous School Experiences _____

Other Relevant Information for Teachers _____

Child Plans to Attend: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

SIGNATURE OF PARENT/GUARDIAN _____ Date _____