



Enrollment and Emergency Information Form

Child's Name	Nickname	Sex
DOB	Address	
Phone		
Chronic Physical Problems and any special accommodations needed		
Developmental or Behavioral Concerns		

Parent(s)/Guardian(s)

Mother		Email Address	
Home Address		Employer	
Home Phone	Cell Phone	Work Phone	
Father		Email Address	
Home Address		Employer	
Home Phone	Cell Phone	Work Phone	
Person(s) or Agency having legal custody of the child			
Address:		Phone:	

***Custody Papers must be included if there are restrictions on who can pick up a child.**

I understand that pictures may be taken during school activities. On occasion, the pictures may be included on the school's website or in a school newsletter if you grant permission. Your child's name will not be included with the picture.

(Please Circle) I GIVE DO NOT GIVE permission to include my child's pictures in the newsletter or on the school website.

Parent Signature

Emergency Information

Allergies or Intolerances to Food, Medication, etc and Action to Take in an Emergency

Pediatrician and Phone Number

Emergency Contacts: (at least 2)

Name	Phone	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

People Authorized to Pick Up your Child:

People ***NOT AUTHORIZED*** to pick up your child (please include appropriate paperwork):**Agreements**

If your child becomes sick while at school, the Preschool teacher/director will contact the parent and/or emergency contacts and the parent will arrange to have the child picked up as soon as possible if requested by the center.

The parent or guardian will submit the Parental Consent to provide medical attention when necessary and the Preschool will provide care in the event of an emergency if the parents cannot be reached.

The parent or guardian agrees to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

The parent or guardian will report changes to the information included on this form as soon as the new information becomes available.

Signature_____
Parent(s) or Guardian(s)_____
Date

OFFICE USE ONLY - IDENTITY VERIFICATION

Proof of Identity (birth certificate, passport, proof of identity by placement agency) copy provided or made _____

Signature of Person who saw and copied proof of identity _____

*copy should be attached to this information form