



Covenant Presbyterian Preschool and Child's Day Out

ENROLLMENT INFORMATION 2016-2017

******Please fill out all information completely******

Today's Date: _____

Full Name of Child: _____ Sex: M ___ F ___

(Underline the name s/he is called)

Date of Birth: ___/___/___ Date of Admission: ___/___/___ Age by September 1, 2016: ___ yr. ___ mo.

Home Address: _____

City: _____ Zip: _____ Best #: _____

Parent or Guardian Names: _____

Address (if different): _____

Mother's Home #: _____ Father's Home #: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Mobile #: _____ Father's Mobile #: _____

Mother's Email: _____ Father's Email: _____

Name to contact in an **Emergency** if parents cannot be reached. (Must fill out completely):

Name: _____ Address: _____

Phone #: _____ City, ST, ZIP _____

I hereby authorize the facility to allow my child to leave the facility **ONLY** with the following persons:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Special problems my child has, such as allergies, previous or existing serious illness, and injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of: _____

(An Allergy Alert form must be completed if known allergy exists. Please contact the office if this is applicable.)

No special problems during the past 12 months

FIELD TRIPS (Three, Four and Five Year-Olds ONLY):

CHECK ONE: I hereby give do not give my consent for my child to participate in Field Trips.

I hereby give my consent for Covenant Presbyterian Preschool to organize transportation for my child on planned trips away from the facility conducted and supervised by the Preschool Staff. Parents will be notified before the planned trips.

Signature – Parent or Legal Guardian