



# covenant

## PRESBYTERIAN PRESCHOOL

### ENROLLMENT INFORMATION 2023-2024

Full Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_

(Underline the name s/he is called)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Admission: 08/24/2023 Age as of Sept. 1, 2023: \_\_\_\_ yr. \_\_\_\_ mo.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Best #: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Mother Cell #: \_\_\_\_\_

Father Cell #: \_\_\_\_\_

Mother Alt #: \_\_\_\_\_

Father Alt #: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Father Email: \_\_\_\_\_

Name to contact in an Emergency if parents cannot be reached. Must fill out completely, including address:

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 #: \_\_\_\_\_

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: \_\_\_\_\_

(A FARE form must be completed and signed by your doctor if an epi-pen or inhaler is prescribed for your child during school hours. Please contact the office if this is applicable.)

No special problems during the past 12 months