



covenant

PRESBYTERIAN PRESCHOOL

ENROLLMENT INFORMATION 2024-2025

Full Name of Child: _____ Sex: _____

(Underline the name s/he is called)

Date of Birth: ____/____/____ Date of Admission: 08/24/2024

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Names: _____

Mother Best #: _____

Father Best #: _____

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, injuries, hospitalizations 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.

I give consent for my child to participate in the following water activities: water table play, sprinkler play, wading pools no more than 6" deep on special event days.