



Little Berries Preschool Enrollment Application

Start Date: _____
Age & Class: _____

Child's Name: _____ Date of Enrollment: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother or Guardian: _____

Mother's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Driver's License #: _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Ext.: _____ Hours: _____

Father or Guardian: _____

Father's Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ Cell

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Driver's License #: _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Ext.: _____ Hours: _____

Expected Date for Attendance to Begin: _____

Who is Legally Responsible for Payment of Tuition: _____

In Case of an Emergency Contact:

Name: _____ Phone #: _____

Driver's License #: _____ Relationship: _____

ATTENDANCE STATUS

DAYS ATTENDING

Full Time (Includes 10 Hours/Day - Total 50 Hours)

Three Days M T W TH F

Part Time (Includes 10 Hours/Day - Total 30 Hours)

Five Days M T W TH F

Approximate Drop-Off Time: _____ Approximate Pick-Up Time: _____

IDENTIFICATION AND EMERGENCY INFORMATION

Child's Physician: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Physician's Phone: _____ Fax: _____

May we call another physician if we are unable to contact the above? _____

Dentist's Name: _____ Dentist's Phone: _____

All Special Needs, (Describe): _____

OTHER EMERGENCY CONTACTS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MEDICAL HISTORY

List all allergies:

1. _____

3. _____

2. _____

4. _____

List any medical conditions:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Hospital Preference: _____

PERSON'S AUTHORIZED TO PICK UP CHILD:

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____
