



## PRESCHOOL ENROLLMENT FORM 2020-2021

**Please Check Box for Preferred Days**

### 4 and 5 year olds

| HALF DAYS 8:15-11:30  |        |           | DAYS/WEEK | COST/MONTH | [ ] | FULL DAYS 8:15-2:45   |        |           | DAYS/WEEK | COST/MONTH |
|-----------------------|--------|-----------|-----------|------------|-----|-----------------------|--------|-----------|-----------|------------|
| Mon/Wed               | 2 days | \$ 130.00 |           |            |     | Mon/Wed               | 2 days | \$ 285.00 |           |            |
| Tues/Thurs            | 2 days | \$ 130.00 |           |            |     | Tues/Thurs            | 2 days | \$ 285.00 |           |            |
| Monday thru Wednesday | 3 days | \$ 195.00 |           |            |     | Monday thru Wednesday | 3 days | \$ 425.00 |           |            |
| Monday thru Thursday  | 4 days | \$ 260.00 |           |            |     | Monday thru Thursday  | 4 days | \$ 565.00 |           |            |

### 3 year olds

| HALF DAYS 8:15-11:30 | DAYS/WEEK | COST/MONTH |
|----------------------|-----------|------------|
| Mon/Wed Only         | 2 days    | \$ 130.00  |

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

This child is under the custodial care of: (check one)  
 both parents     mother     father     other (attach documentation)

**Four and five year olds are eligible for busing. Please check if you are interested in busing**

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Father's Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Cell/Pager # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Cell/Pager # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

Names of people who will be picking up your child:

\_\_\_\_\_  
 \_\_\_\_\_

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Emergency Contact: People who have my permission to pick up my child.  
 (List 2 people other than those listed above)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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Siblings \_\_\_\_\_  
\_\_\_\_\_

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PUBLIC RELATIONS PERMISSION FORM

Occasionally students and/or parents are photographed or recorded on audio or video tape while they are engaged in various educational activities. These pictures or tapes may be used in various ways: either to promote the program or in some educationally related manner. In that such photographs or recording is voluntary, we seek your permission to use your family or child in our project. No child will be recorded without parental approval. No photograph will be used as promotional material or in an educationally related project without parental approval.

You have my permission to photograph and/or electronically record my child \_\_\_\_\_ for educationally related purposes in the preschool program, and use such photos or recordings for educational distribution.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please list any allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is receiving:

\_\_\_\_\_  
\_\_\_\_\_

Please list any health conditions the preschool staff should be aware of: (This will remain confidential)

\_\_\_\_\_  
\_\_\_\_\_

Please tell us how you heard about our program

\_\_\_\_\_  
\_\_\_\_\_