

Enrollment Form

(Duplicate form for each preschooler.)

Child' Name: _____

Date of Birth (Month Day Year): _____

Parents/Guardian Names: _____

Address: _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Church Membership: _____

With whom does the child live? _____

Siblings:

Does child attend preschool or day care? _____

Where? _____

Allergies:

Special Needs (toilet skills, dressing, physical disability, medication): _____

