



Application for Enrollment

Child's Full Name _____ Date _____

Date of Birth _____ Age _____ Sex _____

Name of Father/ Guardian _____ Home Phone _____

Employer _____ Bus. Phone _____

Name of Mother/Guardian _____ Home Phone _____

Employer _____ Bus. Phone _____

Present Address _____
Street City Zip

Marital Status: Married _____ Divorced _____ Single _____ Remarried _____ Widow(er) _____

Home Church Name _____ Address _____

Frequency of Attendance: Often _____ Occasional _____ Seldom _____

How did you hear about our program? _____

- I am enrolling my child in
- Preschool 4 a.m.
 - Preschool 4 p.m.
 - Preschool 3
 - Childcare
 - Scribblers (3&4 yrs)
 - Scramblers (1&2 yrs)
 - Squeakers (under 1 yr)

- I state that my child
- is free from health conditions which could pose a risk to other children and adults.
 - has no limitations or special needs regarding participation in daily activities.
 - has a health or handicapping condition, which could pose a risk to my child in care. I have attached a statement indicating the limits of participation and any special needs or treatment while in care.

My child has completed or is in progress of receiving immunizations and boosters as recommended by the Department of Community Health.

- YES NO if NO, specify reason _____
- Religion _____
- Other (explain) _____

Signature

Date