Today's Date ____/___/____

LITTLE ANGEL PRESCHOOL ENROLLMENT FORM
September 2019– May 2020

Child's Name ______________________, __________________________________ **Boy Girl**
Last First–*name you prefer your child to be called* (circle one)

Date of Birth _____/_____/_____ **Requested Schedule (Circle amount of days) 2, 3, 4, 5 days**
Month Day Year

(Circle one) (Circle days)

Starting Date ______________________ **Half Days** 7:00 – 12:30 **Full Days** 7:00 – 6:00 **M, T, W, TH, F**

Home Address ____ **Apt.**______________
Street

__________________________________ ___________ _____________
City State Zip

Telephone (______) ______________________ **E-mail address** _________________________

Family Information:

______________________________	______________________________
Mother's or Guardian's Name	Father's or Guardian's Name
______________________________	______________________________
Place of Employment	Place of Employment
______________________________	______________________________
Street Address	Street Address
______________________________	______________________________
City, State, Zip	City, State, Zip
______________________________	______________________________
Work Telephone Number	Work Telephone Number
______________________________	______________________________
Cell Phone Number	Cell Phone Number

Marital Status ☐Unmarried ☐Married ☐ Separated ☐Divorced

Child lives with ____

Emergency Contact Persons:

1.______________________________ ______________________________ ______________
Name Relationship to Child Phone

2.______________________________ ______________________________ ______________
Name Relationship to Child Phone

In case of emergency, please take my child to the following local hospital.

______________________________	______________________________	______________
Hospital	**Physician's Name**	**Phone**

<u>Medical Information:</u> **Please check any that applies to your child.**

____ **4 or more colds yearly**	____ **Tonsillitis**	____ **Lyme disease**
____ **Chicken Pox**	____ **Strep Infections**	____ **Ear Infections**
____ **Pneumonia**	____ **Diabetes**	____ **Asthma**
____ **Hearing Loss**	____ **Convulsive Disorders**	____ **Vision Problems**
____ **Drug Sensitive**	____ **Behavior Problems**	____ **Nose Bleeding**
____ **Fractures/Broken Bones**	____ **Exposure to Tuberculosis**	____ **Persistent Cough**

____ **Other** ____

<u>Toilet Habits</u> **Is your child potty trained? (Circle) Yes/No How long?** ______________

My child

____ **is able to express the need to use the toilet** ____ **is able to use the toilet without assistance**
____ **is able to use the toilet only with assistance** ____ **is able to use the toilet without prompting**
____ **must be prompted to use the toilet**
Soils clothing (please check one) ____**never** ____**occasionally (1 or 2 times per month)**
___**frequently (1or 2 times per week)** ____**daily** ____**always unless assisted with toilet**

<u>Personal Information</u>
Any known allergies? ____
Food restrictions? ____
Any siblings? (Names & ages)____
Other preschools attended____
Special groups your child is a part of ____
Does your family attend church? (Circle) Yes/No If yes, where: ______________________________
Name of Pastor______________________________ **Name** **Location**

I understand that if I need to withdraw my child for any reason, I must fill out a Withdrawal Form 2 weeks prior to the withdrawal and that failure to do so will make me financially responsible for those two weeks.

______________________________ ______________________

Parent/Guardian Signature **Date**