

Today's Date ____ / ____ / ____

**LITTLE ANGEL PRESCHOOL ENROLLMENT FORM
September 2020– May 2021**

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 Full Days
7:00 – 12:30 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 and Occupation	Place of Employment and Occupation
_____	_____
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

Medical Information: Please check any that applies to your child.

- | | | |
|---|---|---|
| <input type="checkbox"/> 4 or more colds yearly | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Strep Infections | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Convulsive Disorders | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Drug Sensitive | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Nose Bleeding |
| <input type="checkbox"/> Fractures/Broken Bones | <input type="checkbox"/> Exposure to Tuberculosis | <input type="checkbox"/> Persistent Cough |
| <input type="checkbox"/> Other _____ | | |

Toilet Habits: 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 (1 or 2 times per week) daily always unless assisted with toilet

Personal Information

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.

_____ Date

Parent/Guardian Signature

Consent to Photograph

This is consent for parental permission to display student photos that may include your child, anywhere that we may display photo's either here in the school, advertising displays, or on our school's website and social media. By signing this consent form, you are granting Little Angel Preschool permission to display your child's photo.

Parent/ Guardian Signature

Date

If you would prefer that your child's photograph NOT be displayed, please sign below.

Please Do Not Photograph

Please do not photograph or display any photos of my child through any venue associated with Little Angel Preschool.

Parent/ Guardian Signature

Date

Consent for Walking Excursions

I understand that on occasion teachers may elect to take the class on a walk. The students will at no time leave the grounds of the Fountain of Life Center and safe adult to child ratios will be observed at all times.

Parent/ Guardian Signature

Date