

Today's Date ____ / ____ / ____

LITTLE ANGEL PRESCHOOL ENROLLMENT FORM
September 2022– June 2023

(TODDLER CLASS: __Y __N)

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

Starting Date: _____ (Circle one) (Circle days)
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/ Occupation _____ Place of Employment/ 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.

- | | | |
|----------------------------|------------------------------|----------------------|
| ___ 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 _____ | | |

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.

Parent/Guardian Signature

Date

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