Today's Date ____/___/___

LITTLE ANGEL PRESCHOOL ENROLLMENT FORM
September 2018– August 2019

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	**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**

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 (1or 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**