

Today's Date ____ / ____ / ____

LITTLE ANGEL PRESCHOOL ENROLLMENT FORM
Summer Fun Program, June 7th, 2021 – August 27th, 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	_____ 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 (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