

West Cannon Preschool Registration/Enrollment Form

Class Enrolling in: M-W-F (4s & 5s) T-TH (3s)

Child's Name: _____
(Last) (First) (Nickname)

Child's Date of Birth: ____/____/____ Child's Gender: Male Female

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) ____ - ____ E-mail: _____

Mother's Name: _____ Cell Phone: (____) ____ - ____

Mother's Address and Home Phone (if different from child's): (____) ____ - ____

(Street) (City) (State) (Zip)

Mother's Employer: _____ Work Phone: (____) ____ - ____

Father's Name: _____ Cell Phone: (____) ____ - ____

Father's Address and Home Phone (if different from child's): (____) ____ - ____

(Street) (City) (State) (Zip)

Father's Employer: _____ Work Phone: (____) ____ - ____

If one parent's address is different from the child's, does that parent have permission to pick up the child from preschool? Yes No Comment: _____

Other household members (siblings, relatives, etc.):

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child previously attended a preschool or daycare? Yes No

If yes, please list where: _____

Family's church affiliation: _____

What are some of your child's favorite activities or toys? _____

Is there anything you can say about your child's general behavior which would assist us in understanding and communicating with him/her better? _____

How would you want your child to benefit from preschool? _____

List any food to which your child is allergic: _____

Child's Physician: _____ Phone (____) ____ - _____

If parent cannot be reached in case of emergency, notify:

1. _____ Phone (____) ____ - _____

2. _____ Phone (____) ____ - _____

How did you hear about our program? _____

I have read and understand the policies outlined in the West Cannon Preschool Parent Handbook and agree to them.

(Parent's signature)

IN CASE OF EMERGENCY

In case of emergency, if the parent/guardian is not able to be contacted, I authorize the Director/Teacher at West Cannon Preschool to obtain necessary care, including sending our child to the hospital in an ambulance.

(Parent's signature)

(Date)