

Enrollment Form

Child Information:

Name of Child: _____ Child like to be called: _____

Sex: M F Date of Birth: _____

Class of Enrollment: ___ Gentle Giraffes (3 yr olds) ___ Loving Lions (4 yr olds)

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Email: _____

Parent/Guardian & Family Information:

Mother's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

If parents are seperated/divorced, please provide custody arrangement:

Please provide us with the names of anyone who may be picking up your child:

Emergency Release Information:

Emergency Contacts: _____ Phone Number: _____

Name of Physician: _____ Phone Number: _____

Allergies: _____

Medical conditions: _____

- I have completed this form. I understand that St. Paul's Community Preschool reserves the right to dismiss or suspend any student whose presence in the school is considered detrimental either to the student's or the school's best interest.
- I understand my child will be photographed and that these will be published.

Signature: _____ Date: _____