



# Enrollment Form 2019 – 2020

## CHILD INFORMATION

Child's full name: \_\_\_\_\_ M / F

Name child goes by: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT INFORMATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's address if different than child's: \_\_\_\_\_ Father's address if different than child's: \_\_\_\_\_

Mother's home phone number if different  
than child's: \_\_\_\_\_ Father's home phone number if different  
than child's: \_\_\_\_\_

Mother's cell phone #: \_\_\_\_\_ Father's cell phone #: \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

## FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name	Age	In home with child? Y / N
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other person living with the child (if any) and his/her relationship to the child:

\_\_\_\_\_

Church name (if you have a church home): \_\_\_\_\_

Name of pastor: \_\_\_\_\_ (over →)

## PERSONAL HISTORY

Is your child right-handed or left-handed? \_\_\_\_\_

Has your child had a previous group interaction or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

\_\_\_\_\_

Add additional information related to discipline, child's communication, habits, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Also include a **copy** of your child's birth certificate.*