



Enrollment Form 2024 – 2025

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? _____

List your child's previous group interaction or preschool experience? _____

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.*