

**EAGLE PRESCHOOL ENROLLMENT FORM 2026-2027**

**Today's Date:** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name to be called \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's address (if different from child's) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's address(if different from child's) \_\_\_\_\_

Child lives with: ( ) both parents ( ) mother only ( ) father only ( ) other \_\_\_\_\_

Child Legal Guardian: ( ) both parents ( ) mother only ( ) father only ( ) other \_\_\_\_\_

**Person(s) to contact in case of emergency when parents or guardian cannot be reached:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

List any sibling and their ages. If they are school aged list the school they attend:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

My child has the following allergies: (please list all allergies and your child's reaction)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medications prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following special accommodations may be required to most effectively meet my child's needs while at preschool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Emergency Medical Authorization**

Should my child, \_\_\_\_\_, born on \_\_\_\_\_, suffer an injury or illness while in the care of Eagle Preschool and the facility is unable to contact us immediately, it shall be authorized to secure medical attention and care for my child as may be necessary. We shall assume responsibility for payment of services.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Eagle Preschool Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

