

EAGLE PRESCHOOL ENROLLMENT FORM

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, _____, Date of birth, _____, 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: _____

