

## LITTLE WARHAWK PRESCHOOL ENROLLMENT FORM

Today's Date \_\_\_\_\_ Child's Full Name \_\_\_\_\_

Name to be called \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_ 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 (in order of preference) if parents cannot be contacted:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

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 Little Warhawk 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: \_\_\_\_\_

Little Warhawk Preschool Director: \_\_\_\_\_ Date: \_\_\_\_\_

### **Payment Confirmation**

\$25 Non-refundable deposit (Semester fees, due Sept. 1<sup>st</sup> and December 15th, are \$200 each time)

Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_