

LITTLE BEARS PRESCHOOL ENROLLMENT FORM

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Entrance Date _____ Withdrawal Date _____

Child's Name _____ Gender _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Main Phone Number _____ Email Address _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone# _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____

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Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special
needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs
while at the center:

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

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

Suffer an injury or illness while in the care of Little Bears Preschool the facility is unable to contact me
(us) immediately, it shall be authorized to secure such medical attention and care for the child as may be
necessary.

I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: _____ Date: _____

Little Bears Preschool Director Signature: _____ Date: _____