**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:

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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/ Spot Reservation**

Copy of your child’s birth certificate and $25 Non-refundable deposit due when enrollment form is submitted. Checks made out to Veterans High School

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