

EAGLE 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 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 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:** _____

