



New Student Enrollment Form

Student Information

Student's Name _____
Last First Middle

Preferred Name _____

Date of Birth _____ Gender _____ Class _____

Primary Family Information

Address _____

City State Zip County

Home Phone _____

Parent or Guardian #1 Information

Name _____
Last First Middle

Title _____ E-mail Address _____ Emergency Contact _____

Cell Phone _____ Business Phone _____ Ext. _____

Company Name _____ Job Title _____

Emergency Contact Allowed to Pick up child

Parent or Guardian #2 Information

Name _____
Last First Middle

Title _____ E-mail Address _____ Emergency Contact _____

Cell Phone _____ Business Phone _____ Ext. _____

Company Name _____ Job Title _____

Emergency Contact Allowed to Pick up child

Child's Name: _____

Secondary Family Information

Address _____

City State Zip County
Home Phone _____

Parent or Guardian #1 Information

Name _____
Last First Middle
Title _____ E-mail Address _____ Emergency Contact _____
Cell Phone _____ Business Phone _____ Ext. _____
Company Name _____ Job Title _____
Emergency Contact Allowed to Pick up child

Parent or Guardian #2 Information

Name _____
Last First Middle
Title _____ E-mail Address _____ Emergency Contact _____
Cell Phone _____ Business Phone _____ Ext. _____
Company Name _____ Job Title _____
Emergency Contact Allowed to Pick up child

Emergency and Pick Up Information (Addition contacts please add to back of page)

Name _____ Authorized Pick up Emergency Contact
Home: _____ Cell: _____ Work: _____
Relationship _____

Name _____ Authorized Pick up Emergency Contact
Home: _____ Cell: _____ Work: _____
Relationship _____

Name _____ Authorized Pick up Emergency Contact
Home: _____ Cell: _____ Work: _____
Relationship _____

GENERAL INFORMATION

Medical Contacts

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

Insurance _____ Policy Number _____

Allergies & Health Problems

Does your child have any allergies or food sensitivities? Yes No

Please list allergies.

Does your child have any health problems? Yes No

Please list health problems.

Are allergies or other health problems serious enough to restrict your child's activities?

Yes No

Please list restrictions or adaptations.

Does your child take a regularly prescribed medication? Yes No

Please list medications.

Permission is given to the school/childcare facility for the following:

A check on the line indicates approval.

_____ In the event of an emergency in which I cannot be reached, the preschool staff, the physician listed above, local emergency technicians, and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child at my expense. This will include authorization for the preschool to obtain emergency transport for the child.

_____ My child can be given prescribed medication with my written permission.

_____ My child may be given over-the-counter non-prescribed medication with my written permission.

_____ My child may be taken on field trips or excursions by bus or private motor vehicle under required supervision. (I will be notified of specific plans, in advance.)

_____ My child may be photographed for publicity or news purposes.

_____ Addresses, phone numbers, and e-mail information may be published in a directory for the sole use of preschool staff and parents.

_____ I have read and understand all policies and procedure in the CCEP Parent Handbook, that is posted on the website. I agree to support and follow these rules.

_____ I acknowledge that I have reviewed a copy of the current license certificate for this facility.

_____ My child can participate in any religious and cultural events.

_____ My child may participate in special occasions where food is served.

Signature of parent or guardian

Date

Child's Name: _____

Has your child had previous experience in childcare? Yes No

Type of care _____ How long? _____

Please list any information that may help us in caring for your child.

Play: _____

Eating habits & schedule: _____

Fears: _____

Likes & Dislikes: _____

Special words & their meaning: _____

Is your child potty trained? _____

Does your child speak another language? What? _____

Other information you would like us to know: _____

How Did You Here About Us?

_____ Website _____ Preschool Forum _____ Church _____ Other: _____

_____ Parent Referral: Referring Family _____