

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 _____

Home Phone _____

Mother's Name and Cell _____ Work Place and # _____

Employer address _____

Father's Name and Cell _____ Work Place and # _____

Employer address _____

Child lives with: () 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 _____

Child's Doctor or Clinic Name _____ Address _____

Phone number _____

My child has the following allergies: (please allergies to foods and/or drinks that the child may not have at school)

My child currently takes medications prescribed for long-term continuous use:

My child has the following special needs that may require accommodations to meet his or her needs 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 _____