

**Prince of Peace Lutheran Preschool
Enrollment Form**

Home Phone: _____
Work phone: _____
Mom's Cell Phone: _____
Dad's Cell Phone: _____
Email Address: _____

School Year - _____

Personal Information:

Child's Full Name: _____
Name child is called at home: _____
Date of Birth: ____/____/____ M ____ F Social Security Number: ____ - ____ - ____
Ethnic Origin: American Indian ____ Asian ____ Black ____ Hispanic ____ White ____ Other ____
Child lives with: Both Parents ____ Mother ____ Father ____ Other ____
Home address _____
City/State _____ ZIP: _____

Mother's Name _____
Employed by _____ SSN# _____
Title, Rank and/or Department _____
Employer's Address _____ ZIP _____

Father's Name _____
Employed by _____ SSN# _____
Title, Rank and/or Department _____
Employer's Address _____ ZIP _____

Who has legal custody of child? Both parents ____ Mother ____ Father ____ Other ____
Name and ages of child's siblings:
_____ age _____ _____ age _____
_____ age _____ _____ age _____

PICK UP PERMISSION AUTHORIZATION:

Other than the parents, please list others who **are** authorized to pick up your child:
(Only those on this list will be allowed to pick up your child)
Name: _____ Relationship to Child: _____
Address: _____ Daytime/cell phone number: _____
Name: _____ Relationship to Child: _____
Address: _____ Daytime/cell phone number: _____
Name: _____ Relationship to Child: _____
Address: _____ Daytime/cell phone number: _____

Emergency Contacts:

We must have two people listed as emergency contacts. In the event of an emergency, we will attempt to call the parents/guardians first. If we cannot contact either parent/guardian, list two local people that we may contact for guidance and/or may know where the parents/guardians are or how to contact them. These can be co-workers, neighbors, relatives, etc. These people **are not** authorized to pick up your child:

Name: _____ Relationship to Child: _____
Address: _____ Daytime/cell phone number: _____
Name: _____ Relationship to Child: _____
Address: _____ Daytime/cell phone number: _____

(Continued on back)

**Prince of Peace Lutheran Preschool Enrollment Form
(Continued)**

Medical Information:

List any allergies your child has (foods, medicines, environmental, etc.) _____

List any medical or emotional concerns/situations, chronic or otherwise, that we should be aware of: _____

Child's Primary Physician's Name: _____ Office Phone: _____

Office Address: _____

I/We, _____, the parent(s)/guardian(s) of: _____
authorize Prince of Peace Preschool to obtain immediate care in the case of a medical emergency as determined by Prince of Peace Preschool Staff, in the event that I/we cannot be consulted or located. I understand that I /we will be solely responsible for, and will promptly pay any expenses, which may be incurred in providing treatment to my child.

Signed _____ **Date** _____

Signed _____ **Date** _____

Other Information:

Child's baptismal date: _____

Are you a member of this church? _____

If not, what church do you attend: _____

Photo Release:

I _____ (give) _____ (do not give) my permission for my child to be photographed while attending Prince of Peace Preschool. I understand these pictures may be displayed at the center, to the public and/or in advertising for the preschool.

Signed _____ **Date** _____

Signed _____ **Date** _____

Has your child ever attended Preschool before? _____ Yes _____ No

If yes, please list the names, phone numbers and dates attended:

Name of School: _____ Phone number: _____

Dates attended: _____

How did you learn about us? _____

Tell us about your child (likes/dislikes, special interest, behavior characteristics, areas of concern)

