

# Enrollment 2011-12

## STUDENT INFORMATION:

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M/F

Child's Address \_\_\_\_\_

Has the child been in a structured preschool program before? (if yes, please explain)

\_\_\_\_\_

Does your child have any special learning needs? (if yes, please explain)

\_\_\_\_\_

Does your child have any other challenges or allergies?

Fears: \_\_\_\_\_

Foods: \_\_\_\_\_

Health: (such as asthma, seizures, etc.) \_\_\_\_\_

\_\_\_\_\_

Does he/she have a daytime nap? Yes/No If yes, what time? \_\_\_\_\_

## FAMILY INFORMATION:

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Address \_\_\_\_\_ City/ State \_\_\_\_\_ / \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Address \_\_\_\_\_ City/ State \_\_\_\_\_ / \_\_\_\_\_

Other children in the family: Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Other adults in home besides parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Church Affiliation \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**SECURITY INFORMATION:**

Security Password: \_\_\_\_\_

(Anyone is who is not on your pick-up list will be required to give your child's teacher this information before we allow the child to be released. This information will not be given out over the phone.)

In order to provide the safest environment possible for your child, we ask that you list those persons to whom we may release your child. They will also need to know your security password.

Name \_\_\_\_\_ DL#/State \_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_ DL#/State \_\_\_\_\_/\_\_\_\_\_

**MEDICAL/ LIABILITY RELEASE**

I hereby authorize the staff of LakeShore Assembly of God and Tiny Town Program to obtain emergency medical treatment to be rendered to the minor named above, should that be deemed necessary. I forever discharge and agree to hold harmless LakeShore Assembly of God, Tiny Town Mother's Day Out and the leadership, directors and teachers thereof from any and all liability, claims or demands for personal injury, sickness or fatality, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the program.

Furthermore, I hereby assume all risk of personal injury, sickness, fatality, damage and expense as a result of participation in this program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Office Use Only  
Age as of 9/1/11 \_\_\_\_\_ Classroom \_\_\_\_\_  
Approval Date \_\_\_\_\_ Approved By \_\_\_\_\_