

Class: 3yr _____ 4yr _____

Deposit Amount \$ _____

Application Date _____

Date Deposit Paid _____

Enrollment Date _____

Blessed Beginnings Preschool Enrollment Application

To be completed and placed on file prior to enrollment.

Name of Child _____ Male/Female DOB _____
(Last) (First) (MI) (Nickname) (Circle One)

Address _____ Zip _____

FAMILY INFORMATION:

Father/Guardian's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Carrier _____

CHILD INFORMATION:

Does your child have any known allergies: No _____ Yes _____ Explain: _____

Please give any information concerning your child which will be helpful in his experience in a group setting such as play, eating and sleeping habits, special fears, special likes or dislikes: _____

MERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____ Phone _____

If either parent or guardian can not be contact, please call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you can not pick-up your child, please give the names of persons to whom the child can be released: _____

I agree that Blessed Beginnings may authorize the physician of his/her choice to provide emergency care in the event at neither I nor the family physician can be contact immediately. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for transport.

Signature of Parent/Guardian

Date

Signature of Operator

Date