



CHILDREN'S COLLABORATIVE PRESCHOOL ENROLLMENT FORM

Admission Date: _____

Termination Date: _____

Child's Name: _____

D.O.B: _____ Age at enrollment: _____

Address: _____

Parent #1: _____

Address: _____

Parent #2: _____

Address: _____

Phone numbers where parents can be reached during the day:

Parent #1 (H): _____

Parent #1 (W): _____

Parent #1 (C): _____

Parent # 1 e-mail address: _____



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Parent #2 (H): _____

Parent #2 (W): _____

Parent #2 (C): _____

Parent # 2 e-mail address: _____

Other method of contact while your child is in our care (i.e. Cell Phone or Pager):

Parent #1's place of employment & address:

Parent #2's place of employment & address:



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Persons to contact in case of emergency **OTHER THAN PARENT OR GUARDIAN** Please be sure to include a non-family member contact (neighbor, friend etc.)

Contact #1: _____

Phone #: _____

Cell Phone #: _____

Relationship to child: _____

Address: _____

Contact #2: _____

Phone #: _____

Cell Phone #: _____

Relationship to child: _____

Address: _____



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Medical Information:

Doctor's Name: _____

Phone #: _____

Address: _____

Town/State: _____

Dentist's Name: _____

Phone #: _____

Address: _____

Town/State: _____

If, in the event of an emergency and your doctor cannot be reached, we will use
NAME OF GO-TO MEDICAL LOCATION.

Which hospital do you use? _____

Any allergies or other medical conditions? If yes, please explain:

Is your child toilet-trained? YES NO

Does your child typically nap in the afternoon? YES NO



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Please list any other information that you would like to share with our staff to help them provide properly for your child.

Transportation: The Children's Collaborative Preschool offers transportation to and from preschool. Children are transported in a van, seated in 5-point harness car seats. The van driver is (qualifications, background check, etc). There will be no more than 4 children in one van at a time.

Does your child need to be transported **from home to** the Children's Collaborative Preschool? YES NO

Does your child need to be transported **from preschool to home**? YES NO

Does your child need any additional support while being transported?



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Release Information: Please list anyone who has your permission, including your name and your spouses/partners name, to pick up your child from this program. Anyone who is not listed will not be permitted to remove your child from the program. A picture ID is required at the time of pick up.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Please list anyone that does not have your permission to pick up your child from this program.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Your signature at the bottom of this page acts as your contract and agreement to the guidelines outlined in the Parent Handbook.

Parent/Guardian Signature

Date

YOUR CHILD WILL NOT BE ENROLLED UNTIL ALL AREAS ARE FILLED OUT COMPLETELY. THIS INCLUDES ADDRESSES AND PHONE NUMBERS OF DOCTOR, DENTIST AND ALL CONTACTS.