



## CHILDREN'S COLLABORATIVE PRESCHOOL ENROLLMENT FORM

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 Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent #1 e-mail address: \_\_\_\_\_

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Parent #2 Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent #2 e-mail address: \_\_\_\_\_

Parent #1's place of employment & address:

\_\_\_\_\_

Parent #2's place of employment & address:

\_\_\_\_\_

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 #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #1: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

## CHILDREN'S COLLABORATIVE PRESCHOOL ENROLLMENT FORM

### Medical Information:

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State: \_\_\_\_\_

If, in the event of an emergency and your doctor cannot be reached, we will use  
Southern Maine Medical Center, 1 Medical Center Dr., Biddeford ME 04005

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

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**\*The Maine Center for Disease Control and Prevention requires that children attending preschools be up-to-date with immunizations. Please include a copy of your child's immunization record with this enrollment form.\***

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.

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**Transportation:** The Children's Collaborative Preschool offers transportation to and from preschool. Children are transported in a van, seated in 5-point harness forward-facing car seats. 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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## CHILDREN'S COLLABORATIVE PRESCHOOL ENROLLMENT FORM

**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: \_\_\_\_\_

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**Parent Signature**

**Date**

YOUR CHILD WILL NOT BE ENROLLED UNTIL ALL AREAS ARE FILLED OUT COMPLETELY. THIS INCLUDES A COPY OF YOUR CHILD'S IMMUNIZATION RECORD.