

**1st Church Preschool  
2011-2012 Enrollment Form**

**Program start date:** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(if different)

Siblings (and ages) \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer &  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer &  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

List all **allergies** including bee stings, food, environmental and **medical concerns** including asthma:

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List regular medications being taken by your child & for what: \_\_\_\_\_

Tell us a little about your child.... culture, religion, home language, family structure, strengths, interests, fears, etc.:

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Any concerns you may have: \_\_\_\_\_

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For 3's -Toilet habits: child was toilet trained at what age? \_\_\_\_\_

For 4's -Child is self sufficient in handling toilet needs except \_\_\_\_\_

Has your child participated in other child care programs/ Early Childhood experiences, where & when?

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Current sleeping schedule (day time naps/night time)

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