

**First Congregational Preschool & Daycare, Inc. (1st Church Preschool)**

**5's Room Enrollment Form 2010-2011**

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

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

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

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

Employer Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Father's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(if different)

Employer Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_

Allergies & medical concerns *(including bee stings, food, environmental and asthma) and approved protocol for treatment*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List prescription and non-prescription medications being taken regularly by your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Significant Background Information (religion, culture, home language, and family structure)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us a little about your child...language, strengths, interests, fears, etc,

---

---

---

---

---

Any concerns you may have:

---

---

---

---

---

Has your child participated in other childcare programs/ early childhood experiences, if so, where and when?

---

---

---

---