

Immanuel Lutheran Preschool Enrollment Form

Child's Name _____ Birthdate _____ Sex _____

Address _____ Home Phone _____

City _____ Zip _____ Church Affiliation _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Work Hours _____ Occupation _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Work Hours _____ Occupation _____

Email _____ Is this a good way to communicate? _____

In case of emergency, who should be notified if parents cannot be reached?

Name _____ Home Phone _____

Address _____ Cell Phone _____

Relationship to child _____

Physician to call if child becomes ill or injured:

Name _____ Phone _____

Address _____ Hospital _____

Who else lives in the home, including other adults?

	Name	Age	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Does your child have a pet? _____ If so, please give pet's name and type of animal _____

Is the home divided by death? _____ Divorce? _____ Who does child live with? _____

If your child has any of the following, please explain:

Medical problems _____

Allergies _____ Does your child nap regularly? _____

Is your child toilet trained? _____ For how long? _____

Fears _____
(please describe usual reaction)

What opportunities has your child had to play with other children?

What other information will help us to know and understand your child better? It helps us to know if you are having a new baby and what the child has been told; to know what an adopted child has been told; recent experiences with death, separation or other important happenings. This is not to be nosy, but to better understand your child's feelings and respond to the child's questions. **ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY.**

The information provided on this form is, to the best of my knowledge, complete and correct. I hereby agree to abide by the rules and regulations of Immanuel Lutheran Preschool as outlined in the Parent Handbook to the best of my ability.

(parent's signature) Date _____

Please PRINT your child's first name, as you want him/her to learn to print it. (Ex. Rebecca or Becky; Edward or Eddie)

How did you learn about Immanuel's Preschool?