
Immanuel Lutheran Preschool Enrollment Form

Physician _____ Phone Number _____

Name of Office _____ Hospital _____

Insurance Carrier _____ ID Number(s) _____

In Case of an Emergency

Allergies _____ Medications _____

Medical Conditions _____

Is your child fully **potty trained** during the daytime? _____

What type of potty concerns, if any, do you foresee during class time

Fears (include reaction)

What type of **social/emotional or behavioral concerns**, if any, do you foresee during class time

Other information that may be helpful for teachers

Who else lives in the home, including other adults:

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		

Please print **your child's first name**, as you want him/her to learn to spell and print it (i.e. Rebecca or Becky, Edward or Eddie...) _____

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 _____

Revised 3/2022