



# Paran Preschool

## ENROLLMENT FORM

- 2-Day     5-Day  
 3-Day

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
*Last First MI Preferred*

Gender     Male     Female    Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Home Email \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip Code*

Birth date \_\_\_\_\_ Age as of today: \_\_\_\_\_

### Family Information

**Mother/Guardian #1 Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Living with Child?**  Yes  No    **Deceased?**  Yes  No    **Divorced?**  Yes  No

**Divorced?**  Yes  No - **If Yes, Custody?**  Full  Joint

Religious Affiliation \_\_\_\_\_ Church (if any) \_\_\_\_\_

**Father/Guardian #2 Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Living with Child?**  Yes  No    **Deceased?**  Yes  No    **Divorced?**  Yes  No

**Divorced?**  Yes  No - **If Yes, Custody?**  Full  Joint

Religious Affiliation \_\_\_\_\_ Church (if any) \_\_\_\_\_



**Siblings:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

**Medical Information**

Child's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please describe any physical limitations (include allergies, asthma, developmental delays)

\_\_\_\_\_

**Emergency Authorization**

In case of a medical emergency and parents or guardians cannot be reached, I give Paran Preschool authority to act on my behalf to secure medical treatment for my child. I understand that I will be responsible for any expenses incurred.

\_\_\_\_\_  
*Signature*

Please name two individuals that can be called to come get your child from school in case your child becomes ill when you are not available.

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

**Transportation Authorization**

Person or persons authorized to transport my child to or from preschool (please note any other individual, other than those named here, will not be allowed to transport your child without a written authorization from you. Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child.)

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about Paran Preschool? \_\_\_\_\_



## Identity Verification

- 2-Day     5-Day  
 3-Day

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
*Last                                  First                                  MI                                  Preferred*

Proof of the child's identity and age may include a copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), and baptismal record. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Birth Certificate # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
*Director's Signature    Date*

