



Paran Preschool

ENROLLMENT FORM

MDO 2-Day

3-Day 5-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

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

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? _____



Paran Preschool

Identity Verification

- MDO 2-Day
 3-Day 5-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/or 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

