

	ENROLLMENT FORM	<ul><li>□ MDO □ 2-Day</li><li>□ 3-Day □ 5-Day</li></ul>				
Today's Date	<u> </u>					
Child's Name						
Last	First MI	Preferred				
Gender ☐ Male ☐ Female	Home Phone # <u>(</u>	)				
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	Cell Phone				
Living with Child? ☐ Yes ☐ No						
Divorced? ☐ Yes ☐ No	Divorced? $\square$ Yes $\square$ No If Yes, Custody? $\square$ Full $\square$ Joint					
eligious Affiliation Church (if any)						
Father/Guardian #2 Name						
Occupation	Employer	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	
Name	Birth Date	
Name	Birth Date	
	Medical Information	
Child's Physician	Physician's Pho	ne #
Please describe any pl	hysical limitations (include allergies, as	sthma, developmental delays)
	Emergency Authorization	
Paran Preschool auth	nedical emergency and parents or guority to act on my behalf to secure be responsible for any expenses incurre	medical treatment for my child. I
	Signiturial states of the come get valued to come get valued to come get valued to come get valued are not available.	gnature your child from school in case your
Name	Rel. to Child	Phone #
Name	Rel. to Child	Phone #
	Transportation Authorization	<u>on</u>
individual, other than written authorization	horized to transport my child to or fror those named here, will not be allowed from you. Appropriate paperwork su not allowed to pick up the child.)	d to transport your child without a
Name	Rel. to Child	Phone #
Name	Rel. to Child	Phone #
How did you learn abo	out Paran Preschool?	



	<u>Identity Ve</u>	erification erification	<ul><li>☐ MDO</li><li>☐ 2-Day</li><li>☐ 3-Day</li><li>☐ 5-Day</li></ul>
Today's Date			_ J Duy _ J Duy
Child's Name			
Last	First	MI	Preferred
proof of the child's identination of birth (hospital, plants) programs are not required to kethis information must be maintain	hysician or midwifep the proof of the	fe record), and/o e child's identity,	·
Birth date	Birthpl	ace	
Birth Certificate #	State		

Date

Director's Signature



4	<u>2017-18 ENROLLIVIEN</u>	II CONTRA	<u> </u>
Today's Date			□ 3-Day □ 5-Day
Child's Name			
Last	First	MI	Preferred
Yes, I would like to enroll my following tuition plan:	child for the 2017	-18 prescl	hool year! I have chosen the
<ul><li>☐ MDO 2day-\$145/mo.</li><li>☐ 3-Day-\$225/mo.</li></ul>	<ul><li>☐ MDO 3day-\$1</li><li>☐ 5-Day-\$285/n</li></ul>	-	<ul><li>□ 2-Day-\$185/mo.</li><li>□ Sibling Discount \$10/mo.</li></ul>
In return for my fuition p during this 9-month period of Ser to provide the highest quality pre power (excluding the forces of nat	otember through Ma school care, at a rea	y. Paran P sonable co	ost, and will do everything in its
- Signature			Date
Name (Please	Print)		<u>-</u>
	Financial Agreer	nent	
I understand that acceptar I standard that	e after reading our Parce of this Enrollment e last month (May) to Paran Preschool for ollment fee is <i>non-re</i> prefundable after Second	t Contract uition pay the <b>2017</b> - fundable.	online under the Enrollment Tab , along with the payments of ment of \$
Signature			 Date
			-
Name (Please Print)			