IndianRocks
CHRISTIAN SCHOOL

PRESCHOOL ENROLLMENT RECORD

Age: K2 K3 K4

DIRECTOR'S USE ONLY

Date enrolled ____________

Child's full legal name ____
First *Middle* *Last*

Date of Birth ______________________ **Sex** ______________ **Ethnicity** ______________________________

Child's Address ____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Primary hours child will be in the children's center Half Day 8:15-11:30 OR Full Day 8:15-3:00

Days of week child will be in the children's center Monday through Friday (5 days per week)

Child lives with __________________________________ **Relationship to student** ___________________________

Custody : Mother _______ **Father** _______ **Both** _______

Other ______________________________ **Name** ____

Parent's Name Title: Mr. Mrs. Miss Dr. Pastor ____________________________________ D.O.B. ________________

Home Phone ____________________________________ Cell Phone ____

Home Address ____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Place of Employment ____

Address of Employer ____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Work Phone ___________________________ Email ____

Parent's Name Title: Mr. Mrs. Miss Dr. Pastor ____________________________________ D.O.B. ________________

Home Phone ____________________________________ Cell Phone ____

Home Address ____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Place of Employment ____

Address of Employer ____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Work Phone ___________________________ Email ____

Emergency Contacts:
Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name ____ Relationship to Student ________________________

Home Phone ____________________________________ Cell Phone ____

Home Address____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Name ____ Relationship to Student ________________________

Home Phone ____________________________________ Cell Phone ____

Home Address____
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource ______________________________

Telephone Number ______________________________

Address ______________________________
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference ______________________________

Name of Dentist ______________________________ Telephone ______________________________

Address ______________________________
Street Address (number, apartment #, street) City State Zip Code

Medical Insurance Co. Name ____________________ Policy# ____________________ Group# ____________________

Emergency Care Plan Instructions (if applicable) ______________________________

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MISCELLANEOUS INFORMATION

List all known allergies ______________________________

____

List all identifying scars, birthmarks, skin discolorations ______________________________

Special medical or dietary needs of child ______________________________

List any areas of concern ______________________________

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/ guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from Indian Rocks Christian School with no refund of tuition or fees.

I verify that the information on this enrollment form is complete and accurate.

______________________________ ______________________________
Signature of Custodial Parent or Legal Guardian **Date**