

Application for Enrollment - Meadowbrook Preschool

Child's Name _____
Date of Birth _____ Child's social security number _____
Home Address _____
Home phone _____
Mother's name _____ Email _____
Mother's cell _____ Work _____
Mother's occupation _____
Father's name _____ Email _____
Father's cell _____ Work _____
Father's occupation _____
Child's physician _____ Phone _____

Two emergency contacts if the parents cannot be located promptly:

Emergency Contact _____ Phone _____
Emergency Contact _____ Phone _____

Allergies _____
Medications _____

Please list any special information concerning your child's growth and development and/or any special needs: _____

The following person(s) is/are allowed to pick up and drop off my child:

Do you have a church home? _____

My child may be photographed/videotaped at the facility _____YES _____NO

As part of media relations efforts _____ YES _____NO

If you designated "yes", may the school use these pictures, if any, to advertise for the school, including, but not limited to, using such pictures on the school's facebook and/or other internet networking sites? _____YES _____NO

My child may participate in approved field trips sponsored by the facility ___YES ___NO

The facility has my permission to obtain emergency medical treatment for my child _____YES _____NO. If no, list instructions _____

Is your child toilet trained? ___YES ___NO. (If no, I understand that there will be a conference with my child's caregiver when my child begins toilet training.)

Please list the program for which your child is registering using your child's age as of September 1, 2019:

- | | |
|--|---|
| <input type="checkbox"/> Pre-K (5 days) | <input type="checkbox"/> MDO 13-24 mo. (5 days) |
| <input type="checkbox"/> 3 year old (5 days) | <input type="checkbox"/> MDO 13-24 mo. (MWF) |
| <input type="checkbox"/> 3 year old (MWF) | <input type="checkbox"/> MDO 13-24 mo. (TTh) |
| <input type="checkbox"/> 2 year old (5 days) | <input type="checkbox"/> MDO 6-12 mo. (5 days) |
| <input type="checkbox"/> 2 year old (MWF) | <input type="checkbox"/> MDO 6-12 mo. (MWF) |
| <input type="checkbox"/> 2 year old (TTh) | <input type="checkbox"/> MDO 6-12 mo. (TTh) |

I have received information concerning the facility's policies and procedures and a copy of the Child Care Regulations Summary for Parents.

Parent Signature

Date

This form is not valid without the \$180 registration fee. Paid _____

Date of enrollment: _____

Date of withdrawal: _____ Reason: _____