

# 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 \_\_\_\_\_  
Siblings \_\_\_\_\_

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, 2020:

- |                           |                              |
|---------------------------|------------------------------|
| _____ Pre-K (5 days)      | _____ MDO 13-24 mo. (5 days) |
| _____ 3 year old (5 days) | _____ MDO 13-24 mo. (MWF)    |
| _____ 3 year old (MWF)    | _____ MDO 13-24 mo. (TTh)    |
| _____ 2 year old (5 days) | _____ MDO 6-12 mo. (5 days)  |
| _____ 2 year old (MWF)    | _____ MDO 6-12 mo. (MWF)     |
| _____ 2 year old (TTh)    | _____ 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 registration fee. Paid \_\_\_\_\_

Date of enrollment: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_ Reason: \_\_\_\_\_