

Application for Enrollment  
Meadowbrook Preschool 2022-2023

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 \_\_\_\_\_

Grandparent emails \_\_\_\_\_

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 or 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 there will be a  
conference with my child's caregiver when my child begins toilet training. \*\* I also  
understand that all children must be toilet trained before starting the 3 & 4 year old  
programs and that pull ups are not allowed.)

Please list the program for which your child is registering using your child's age as of  
September 1, 2022:

- |                           |                              |
|---------------------------|------------------------------|
| _____ 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: \_\_\_\_\_