TRINITY PRESCHOOL APPLICATION FOR ENROLLMENT

Student Information: Date of Birth:_____Sex:_____

BEST METHOD TO CONTACT PARENT EMAIL PHONE BOTH Date of Enrollment:_____

FULLNAME: Last First Middle Nickname_____

ADDRESS:_____

HOURS OF CARE: From_____ TO _____

DAYS OF WEEK IN CARE: M T W TH F

***AM SNACK IS PROVIDED DURING PRESCHOOL HOURS AND PM SNACK PROVIDED IN AFTER LUNCH BUNCH. LUNCH PROVIDED BY PARENTS**.

FAMILY INFORMATION: **BEST METHOD TO CONTACT PARENT** EMAIL PHONE BOTH

Mother's Name:_____ Father's Name:_____

Address:_____ Address:_____

Home Phone:_____ Home Phone:_____

Employer:_____ Employer:_____

Address;_____ Address:_____

Work Phone:_____Cell:_____ Work Phone:_____Cell:_____

Custody: Mother___ Father ____ Custody: Mother___ Father___

Email:_____ Email:_____

Medical Information:

I hereby grant permission for the staff of this facility to contact the folling medical personned to obtain emergency medical care if warranted.

Doctor:_____Address:_____Phone:_____

Doctor:_____Address:_____Phone:_____

Dentist:_____Address:_____Phone:_____

Hospital Preference:_____

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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work # Home #_____

Name Address Work # Home #_____

Name Address Work # Home #_____

Name Address Work # Home #_____