



CHILD'S ENROLLMENT RECORD

Directors Use Only: Date enrolled: _____

Child's Full Legal Name: _____

Sex: _____ Birth Date: _____ Main Telephone # _____

Childs Physical Address: _____

Primary hour's child will attend: from _____ to _____ Days of the week child will attend: _____

Who has legal custody: Both Parents Mother Father Other: Name _____

Child lives with: _____ Relationship to child: _____

Father's Name: _____ Email: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

Home Phone: _____ Cell phone: _____ Provider: _____

Occupation: _____ Title: _____

Place of Employment: _____

Address of Employer: _____
(Street Address (number, street, apartment #) City State Zip Code

Work Telephone: _____ Work Email: _____

Mothers's Name: _____ Email: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

Home Phone: _____ Cell phone: _____ Provider: _____

Occupation: _____ Title: _____

Place of Employment: _____

Address of Employer: _____
(Street Address (number, street, apartment #) City State Zip Code

Work Telephone: _____ Work Email: _____

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 children 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.**

(Must have 2 contacts with full address with phone numbers, Does NOT need to be local).

1. Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

2. Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

3. Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

4. Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street Address (number, street, apartment #) City State Zip Code

Medical Information:

Child's Physician/Health Resource: _____

Telephone Number: _____

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

Hospital Preference: _____

Name of Dentist: _____ Telephone: _____

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

Emergency Care Plan instructions (if applicable): _____

MISCELLANEOUS INFORMATION

List of all know allergies: _____

List all identifying scars, birthmarks, skin discoloration: _____

Special Medical or dietary needs of child: _____

List any areas of concern: _____

My signature and initials below verifies that:

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

I have received a copy of "The Flu, A guide to parents" brochure.

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

I was notified that the snacks/meals served daily are: AM snacks

Initial only one:

_____ I grant permission for the CCP to use photos of my child/children for school activities including but not limited too social media websites such as Facebook or Instagram and CCP

_____ I DO NOT give permission for the above statement

Initial only one:

I give permission for my child to participate in food related activities (birthday parties, special occasions, class parties, etc)

_____ My child **does not** have a food allergy or dietary restrictions.

_____ My child does have a food allergy or dietary restriction. My child **may participate**, but may not eat or handle the following items: _____

_____ **My child does have a food allergy or dietary restriction and may NOT participate in food experience.**

Initial All:

_____ I understand that Tuition is due REGARDLESS of whether or not the student is in attendance. There are NO REFUNDS, DISCOUNTS or COMPENSATION for absence, illness, vacation, holidays, and/or school closures.

_____ I have receive and read the discipline and expulsion policies of Countryside Christian Preschool.

I grant permission for Countryside Christian Preschool in the case of an emergency to evacuate my child. I understand they will walk if possible to Paul B. Stevens School. If necessary they may be transported by vehicles.

Signature of Custodial Parent or Legal Guardian: _____ **Date:** _____

I verify that the information on this enrollment form (front and back) is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date