

Onalaska Community Presbyterian Church of Onalaska Christian Preschool Enrollment

Child's Name \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred contact method (circle one)    Email    Text    Home Phone    Cell Phone

Mother's Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is Child living with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

List all adults living in household \_\_\_\_\_

Name and ages of other children in household \_\_\_\_\_

Names, Address, and Phone numbers of person(s) permitted to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child been cared for by anyone other than parents? \_\_\_\_\_

Has your child had any previous group experiences (i.e. co-ops, Sunday school, preschool, child care)? \_\_\_\_\_

Does your child use the restroom independently? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child dislike any particular foods? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any specific health problems we should be aware of? (I.e. vision or hearing loss, physical limitations, take any medications during school hours?) \_\_\_\_\_

Child's Health Care provider \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Is your child current on vaccinations? Please attach vaccination records \_\_\_\_\_

Health Insurance \_\_\_\_\_ policy# \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_

What are your child's interest and favorite activities? \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_ phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_