Emanuel Lutheran Preschool
Enrollment Form

(Circle one)

3 year-old class

4 year-old class

FAMILY INFORMATION (All information is confidential)

Child's Name _____   M____ F____ Birthdate ____/____/_____
                    (last)   (First)   (Middle Initial)

Nickname _____

Address _____   Home Phone _____

Father's name _____   Employer _____

Father's address _____   Work phone _____

Father's cell phone _____   E-mail _____

Mother's name (include maiden)_____(_____)   Employer _____

Mother's address _____   Work phone _____

Mother's cell phone _____   E-mail _____

ENROLLMENT INFORMATION: I/we prefer the AM or PM session. (Please circle)

May this time slot be switched, if needed? If no, please state reason. _____

My child is: _____ right-handed _____ left-handed

HOME ENVIRONMENT: Child lives in: _____ Two-Parent Home   _____ One-Parent Home

(If in a one-parent home) Child lives with _____ Father _____ Mother

Other _____ Relationship to child _____

Brothers and sisters (please list names & birthdates) _____
_____

CHURCH INFORMATION: We attend church. Yes or No Church name/city: _____

Is child baptized? Yes or No Church name/city: _____ Date _____

DAYCARE PROVIDER _____ Phone _____

MEDICAL INFORMATION: Family Physician _____
                                  Name   Address   Phone

IN CASE OF EMERGENCY, whom should we notify, other than parents? (Please give name and phone number)

1. _____   2. _____

List any **medical conditions** we should be aware of: (allergies, developmental delays, etc.) _____
_____

Any other information that may be helpful in working with your child (speech is difficult to understand, shyness, etc.) _____
_____