

CHERRY LANE PRESCHOOL - Enrollment Form

Read the following to find out what you need to enroll your child into Cherry Lane Preschool

Enrollment Date

Parent E-Mail:

Identification and Emergency Information

Childs Name

Birth Date

Address

Home Phone

Mother/Guardian

Work Phone ext. #

Address

Cell/Home Phone

Father/Guardian

Work Phone

Address

Cell/Home Phone

Person (s) Responsible for Child

Additional People who may be called in Emergency - MUST BE LOCAL CONTACTS

Name

Phone

Address

Relationship

Name

Phone

Address

Relationship

EMERGENCY INFORMATION

Physician

Phone

Med. Insurance

Policy Number

Preferred Hospital

Last Physical (MM/YY)

Allergies or Health Conditions

Last Tetanus (MM/YY)

I authorize **CHERRY LANE PRESCHOOL** to seek any necessary emergency medical care to be provided by a licensed medical practitioner. I also give my permission for my child to be transported by ambulance or medical vehicle.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date



Persons Authorized to take child from CHERRY LANE PRESCHOOL

Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>

MEDIA CONSENT

The undersigned parent/guardian of grants permission for the use of photographs or video taken at CHERRY LANE PRESCHOOL or on field trips to be reproduced for the CHERRY LANE web site, advertising purposes, or classroom decoration. *Your child's last name will never be in any publication or on the internet.*

Parent or Legal Guardian Signature Date

Acknowledgement Statement

I have read the CHERRY LANE PRESCHOOL Handbook and agree to abide by the policies and procedures contained therein.

Parent or Legal Guardian Signature Date

Release for Field Trips

My Child is hereby granted permission to take field trips, organized as part of the Program at CHERRY LANE PRESCHOOL. It is to my understanding that CHERRY LANE PRESCHOOL will have enough parent helpers to properly supervise the CHERRY LANE students, or the field trip will be canceled. Therefore, CHERRY LANE PRESCHOOL and the staff members or parent helpers accompanying the children on field trips are released from any liability in the event of injury to my child or in the event any liability results from the actions of my child while on a field trip.

Parent or Legal Guardian Signature Date



GENERAL HEALTH HISTORY

Has Child attended any child care before? - If Yes - Where?

When?

Other Siblings and Ages

GENERAL HEALTH AND PERSONALITY

Past Illnesses with Dates

Chicken Pox

Asthma

Measles

Diabetes

Epilepsy

Other

What makes me happy?

What makes me sad?

My Favorites

* Food Allergies

Other Health or Personality Information

*INDIVIDUAL HEALTH CARE PLAN FOR ALLERGIES

Allergic to: Symptoms

Plan of Action

When to Call Parents

When to Call 911

Parent or Legal Guardian Signature

Date

I have read and completed all sections concerning my child

Parent or Legal Guardian Signature

Date