



Child Enrollment Form

Enrollment date: _____

Name of Child:		Date of birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Parent's primary email address (for internal correspondence only):			
Name of Elementary School Attending (if any):			

Parent information - Mother

Mother's Name:			
Telephone Number:		Email Address:	
Home Address (if different from child)			
Employer:		Work Hours:	
Employer Address:			
City:	State:	Zip Code:	Work Telephone:

Parent information - Father

Father's Name:			
Telephone Number:		Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Employer Address:			
City:	State:	Zip Code:	Work Telephone:

Family information

Marital status of parents:	Brothers & sisters:
Stepfather's name:	Stepmother's name:
Is your child adopted?	Do they know?
Child's living arrangements: Both Parents() Mother() Father() Other:	
Child's legal guardian(s): Both Parents() Mother() Father() Other:	
Are there any family situations that West Haven should be aware of?	

Health information

Please list any and all allergies:
Please list any dietary restrictions:
What protocol should be taken if an allergic reaction occurs to the listed allergies above:
Please list any medication(s) prescribed for long-term use:
Please list any general health issues we should be aware of, including any mental health disorders or developmental disabilities:

Physician Information

Physician/Clinic name:	Telephone Number:
Medical Insurance Company:	Policy Number:

Emergency contacts

Person(s), other than a parent/guardian, whom you authorize West Haven Preschool to contact for guidance in a medical emergency, or other emergency, if the child's parents/guardians can not be reached (must include at least one).

Name:	Relationship to child:	Telephone:
Name:	Relationship to child:	Telephone:

Release authorization

Please list the person(s) other than the parent/guardian which West Haven is authorized to release your child to. The complete address of each person must be included. West Haven Preschool will not release your child to anyone that is not identified below. The parent/guardian agrees that he/she will ensure that all authorized pick up persons are aware that your child must be escorted to and from the classroom, and signed in and out of the classroom. West Haven will not allow any child to enter or leave without an escort.

Name:	Relationship to child:
Address:	Telephone:
Name:	Relationship to child:
Address:	Telephone:
Name:	Relationship to child:
Address:	Telephone:

Parental attestation to enrollment information

I hereby attest that all the information I have provided herein is true and accurate to the best of my knowledge and that I shall notify West Haven of any changes in a timely manner.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Parental agreement to policies

I acknowledge that I have received a copy of West Haven Preschool's parent handbook, read it in its entirety, and agree to comply with the policies therein. I further agree that I have received a copy of West Haven Preschool's tuition costs, to include additional fees and withdrawal requirements, and agree to comply with the statements therein.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____