

**ADVENT PRESBYTERIAN PRESCHOOL/PDO
Enrollment Form
4 year old Preschool – 2, 3 or 5 days only**

FOR OFFICE USE ONLY	
Date Entering	Age Group
Date Visited:	Days (Please circle) Mon/Tues/Wed/Thurs/Fri
Fees Paid:	
Teacher:	Shot Record Received

****WHAT DAYS DO YOU WISH TO ENROLL YOUR CHILD?**

- **OPTION 1 – 2 Days** Tue/Thur _____
- **OPTION 2 – 3 Days** Mon/Wed/Fri _____
- **OPTION 3 - 5 Days** Mon/Tue/Wed/Thur/Fri _____

APPLICANT INFORMATION

Child's Name: _____ Nickname: _____
 Date of birth: _____ Male _____ Female _____
 Address _____ City/State: _____ Zip: _____
 Phone Number: _____ Church Membership _____
 Family Email: _____

FAMILY INFORMATION

Parents are: Married _____ Separated _____ Divorced _____
 Applicant lives with: Both _____ Mother _____ Father _____ Other _____

Father's Name: _____ Mother's Name: _____
 Home Address (if different from student's): _____ Home Address (if different from student's): _____

Employer: _____ Employer: _____
 Work #: _____ Cell #: _____ Work #: _____ Cell #: _____

Other children in the family: _____
 To insure your child's safety, please list other persons to whom your child may be released

EMERGENCY INFORMATION

Persons authorized to act for parent in the event parents cannot be reached:

Name: _____ Phone #: _____
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

Name of Physician: _____ Phone#: _____

HELPFUL INFORMATION

Is your child accustomed to taking a nap: _____ How Long: _____
 Is your child toilet trained: _____
 List Food Allergies: _____
 List Other Allergies: _____ Symptoms: _____
 Any Particular Fears: _____
 Has your child ever attended a school/child care facility: _____
 If so, where: _____
 To help us become better acquainted with you and your child, is there any other information which you feel may be helpful: _____

*Please be sure to fill out front & back of the Enrollment form.

