

ADVENT PRESBYTERIAN PRESCHOOL/PDO
Enrollment Form
Toddlers and Twos – 1-2 days only

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

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

- **OPTION 1 – pick one day Monday thru Thursday** _____
- **OPTION 2 – pick a two day combination – Mon/Wed** _____ **Tue/Thur** _____

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.

