

Registration Date:

Admission Date:

Discharge Date:

FIRST PRESBYTERIAN CHILDREN'S CENTER
ENROLLMENT FORM
Please complete form legibly and in its entirety.

Child's Name: _____ Nickname: _____ DOB _____

Gender: M F PRIMARY PHONE NUMBER (home/cell): _____

Child's Address: _____ Zipcode: _____

Parent/Legal Guardian 1: _____

Address (if different): _____ Zipcode: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Work Hours: _____

Employer Name: _____ Phone: _____

Employer Address: _____ Zipcode: _____

Parent/Legal Guardian 2: _____

Address (if different): _____ Zipcode: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Work hours: _____

Employer Name: _____ Phone: _____

Employer Address: _____ Zipcode: _____

Emergency Contacts (other than parents):

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Persons authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Phone: _____ Phone: _____

Authorization for emergency medical care: I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I authorize First Presbyterian Children’s Center to contact the following:

Physician or Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

Child’s health history: Please describe any allergies, special medical conditions, chronic health problems or concerns about development or behavior:

RELEASES -- PARENT OR GUARDIAN PLEASE READ AND INITIAL AND SIGN BELOW:

A	I understand that it is my responsibility to read the Children’s Center online parent handbook, which sets out the center’s policies and procedures: www.firstpreschildrenscenter.com	INITIAL
B	I understand that before the first day of attendance by my child, I must provide proof of completed age-appropriate immunizations or exemption from immunizations and update annual as needed.	
C	I understand that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	
D	I understand that my child may take part in walking field trips with the Children’s Center under proper supervision. I understand that I will be notified when field trips are planned.	
E	I give the Children’s Center permission to list my telephone number, address and email in a class list and school-wide Buzz Book.	
F	I give the Children’s Center permission to use photos of my child on bulletin boards, in publications and on the Children’s Center website and Facebook page. No identification will be used on social media.	
G	I give the Children’s Center permission to release any information pertinent to my child’s performance at preschool to any school requesting the same.	
	Parent/Guardian signature:	Date:

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