

Enrollment Application

Child's Full Name (First, Middle, Last) _____

Date of Birth _____ Age _____

Child's Mailing Address _____
Street City Zip

Phone: Home (____) _____ Cell (____) _____

Your child will be attending ____ days per week. Please circle all that apply:

Monday Tuesday Wednesday Thursday

Mother's Information

Name _____

Address _____

Phone: Home (____) _____

Cell (____) _____

E-mail address _____

Place of employment _____

Work Phone (____) _____

Father's Information

Name _____

Address _____

Phone: Home (____) _____

Cell (____) _____

E-mail address _____

Place of employment _____

Work Phone (____) _____

Emergency Contacts

When parents are unable to be reached.

Name _____

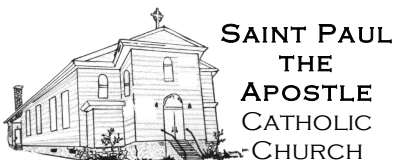
Relationship to child _____

Phone Number (____) _____

Name _____

Relationship to child _____

Phone Number (____) _____



Child Release Information

We will dismiss your child ONLY to the people you authorize. List below the names of anyone who has your permission to pick up your child. You may change or update this list at any time.

Name	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Personal Information

What do you want your child to be called while at school? _____

Does your child have any siblings? _____
Names & Ages

Do you have any family pets? _____
Names & Species

Does your child have any allergies? _____

What are your child's favorite activities? _____

What do you see as your child's strengths? _____

What else would you like us to know about your child? _____

Permissions

I give my permission for my child to participate in walking field trips around the community with proper adult supervision. Yes No

I give my permission for my child's name and image to be used in the newspaper, the Hancock Community Education Foundation website, and the Preschool's Facebook and YouTube pages. Yes No

Parent's (or Guardian's) Signature _____
Date