



**COVENANT PRESBYTERIAN PRESCHOOL
& CHILD'S DAY OUT
ENROLLMENT INFORMATION 2019-2020**

Full Name of Child: _____ Sex: M _____ F _____
(Underline the name s/he is called)

Date of Birth: ____ / ____ / ____ Date of Admission: 08/30/2019 Age by Sept. 1, 2019: ____ yr. ____ mo.

Home Address: _____

City: _____ Zip: _____ Best #: _____

Parent or Guardian Names: _____

Address (if different): _____

Parent 1 Home #: _____ Parent 2 Home #: _____

Parent 1 Work #: _____ Parent 2 Work #: _____

Parent 1 Cell #: _____ Parent 2 Cell #: _____

Parent 1 Email: _____ Parent 2 Email: _____

Name to contact in an Emergency if parents cannot be reached. Must fill out completely, including address:

Name: _____ Address: _____

Phone #: _____ City, ST, ZIP _____

I hereby authorize the facility to allow my child to leave the facility ONLY with the following persons:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Special problems my child has, such as allergies, previous or existing serious illness, and injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of: _____
(An Allergy Alert form must be completed if known allergy exists. Please contact the office if this is applicable.)

No special problems during the past 12 months