Little Scholars Enrollment Form

Child's Name _____ Sex _____

DOB _____ Age _____ Nickname _____

Address _____ Home Phone _____
(Street Address) (City) (Zip)

Mother's Name _____ Cell Phone _____

Address _____ Home Phone _____
(Street Address) (City) (Zip)

Employer _____ Work Phone _____

Address _____
(Street Address) (City) (Zip)

Father's Name _____ Cell Phone _____

Address _____ Home Phone _____
(Street Address) (City) (Zip)

Employer _____ Work Phone _____

Address _____
(Street Address) (City) (Zip)

Siblings living Name _____ Age _____
At home: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Emergency Contact

Name	Relationship	Phone

Authorized Persons

I the parent/guardian of _____, give my permission for the following persons to pick up my child from Little Scholars Preschool. I understand that I must notify my child's teacher in advance if an authorized person is to pick up my child on any given day.

Name	Relationship	Phone

X_____ Date_____
(Signature of Parent/Guardian)

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Emergency Medical Release

In the case of an emergency, in which neither parent can be contacted, I give my permission for any member of the Little Scholars Preschool staff to seek emergency medical treatment for my child. I understand that this includes attention from health care professionals, physicians, or hospital facilities and that all attempts will be made to contact me as soon as possible.

Child's Name _____ Birth Date _____

Child's Address _____

Guardian's Name _____ Phone _____

Guardian's Address _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies _____

Medical Conditions _____
_____

Current Medications _____

Medical Insurance Company _____ Policy # _____

X _____ Date _____
Guardian's signature in presence of notary

STATE OF INDIANA COUNTY OF _____

Before me, a Notary Public for said County and State, the undersigned personally appeared who after being duly sworn by me upon his/her oath, acknowledge the foregoing statements to be true on this

_____day of_____, 20_____.

X_____
Signature of Notary Public

_____
Printed Name

My Commission expires _____day of _____, 20_____.

County of Residence _____