

First Church Preschool

First Church Preschool Enrollment Form

Office Only: Date Enrolled _____ Date of Withdrawal _____

Child's Name _____ Male / Female Birthdate _____

Primary Phone Number _____ Primary Email _____

Home Address _____

Father's Name _____ Cell # _____

Work # _____ Work Hrs _____

Employer's Name _____ Address _____

Mother's Name _____ Cell # _____

Work# _____ Work Hours _____

Employer's Name _____ Address _____

Child's Physician _____ Phone _____

Address _____

Hospital Preference (When Possible) _____ Phone _____

Allergies _____

Other Health Information _____