2012-2013
BORCHERS PRE-SCHOOL
ENROLLMENT FORM

Enrollment Fee
$40.00 for one child
$60.00 for two children

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

Address _____

Telephone _____ **Birth Date** _____

Name I wish my child to be called at School _____

Father's Name_____
Employer_____ **Work Phone** _____

Mother's Name _____
Employer _____ **Work Phone** _____

Emergency Name and Phone Number (Someone we could call during school hours if unable to reach parents)._____

Any Medical, Diet, Allergies, Surgical Restrictions _____
_____

Any Fears or Habits We Should Know of _____

Right Handed_____ **Left Handed**_____

Religious Preference (Optional) _____

Class your child will be in Pre-school **4/5 year-old-class** _____
3/4 year-old-class _____
2/3 year-old-class _____

What School Child Will Attend Next Year? _____

Brothers: _____ **Age** ___ **Sisters:** _____ **Age**_____
_____ ___ _____ _____

I give Borchers Preschool permission to put pictures of my child on their web site. Yes or No

Family Physician_____ **City**_____
Family Dentist _____ **City** _____

In case of Emergency, and we are unable to reach parents, do we have your permission to seek emergency medical treatment? Yes_____ **No** _____

Hospital Preference _____

Parent's Signature_____ **Date**_____

Parent's Signature _____ **Date**_____