

**Little Lambs Preschool
of Christ Community Church
Child Enrollment Form**

Date: _____

Child's Full Name: First _____ MI _____ Last _____

Date of Birth: _____ Sex: M _____ F _____

Primary Address: _____

Mother's Name: _____ Home phone: _____

Address if different from child: _____

Employer: _____ Work phone: _____

Cell phone: _____ E-mail address: _____

Father's Name: _____ Home phone: _____

Address if different from child: _____

Employer: _____ Work phone: _____

Cell phone: _____ E-mail address: _____

Parents are: Married () Divorced () Living Together () Single Parent ()

Name of Physician: _____ Physician Phone: _____

Physician address: _____

Preferred Hospital: _____

Persons to be contacted in case of emergency if parents cannot be reached:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only authorized individuals as indicated by you in writing may pick up your child at dismissal time. Each day, the person picking up the child must sign the child out on a child dismissal form.

I/We _____, as guardian of the above child, authorize the following persons to deliver and pick up my/our child from Little Lambs Preschool:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Personal Information

Name and age of siblings: _____

Those living in household other than siblings and parents: _____

If your child has any of the following, please explain:

Medical problems _____

Physical handicaps _____

Restrictions for play _____

Allergies _____

Fears _____

Current prescribed medications _____

Child's Play Experiences

Favorite games: _____

Favorite toys: _____

Favorite books: _____

Pets: _____

Please share any additional information about your child's personality, likes, dislikes, strengths, or concerns that you would like us to know:

It is very important that all information on this form be accurate and up to date. Please notify us immediately should any of the information on this form change.

Parent/guardian signature

Date