

# LCOR PRESCHOOL ENROLLMENT FORM

Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

Childhood illnesses or allergies: (seasonal, food, medicine or other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuous Medication \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

Please list below any additional information that will help us work with your child better:  
(pets, fears, interests, overall health, sleep etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PUPIL LIVES WITH:

Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Siblings: (Name & Age)

_____	_____
_____	_____
_____	_____

Mother \_\_\_\_\_

(Name)

(Occupation)

(Work Phone #)

Mother's cell phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's address & phone #'s (if different) \_\_\_\_\_

\_\_\_\_\_

Mother's hobbies & interests \_\_\_\_\_

Mother's Church preference \_\_\_\_\_

(continued on other side)

Father \_\_\_\_\_  
(Name) (Occupation) (Work Phone #)  
Father's cell phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
Father's address & phone # (if different) \_\_\_\_\_

Father's hobbies & interests \_\_\_\_\_  
Father's Church preference \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_ My child attended LCOR last year and has had no immunization updates since then.

Please list below all emergency contact and pick up people. (We will NOT release your child to anyone who is not on this list unless prior notice is given to the preschool by the parents or guardian)

NAME	PHONE #	CELL PHONE #	RELATIONSHIP
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Please **circle** the following:

I give / do not give permission for my child to be video taped or photographed during class and school functions by school personal & preschool families for the use of LCOR website and facebook.

I give / do not give permission for LCOR preschool to release the parent and child's name, address, phone # for the sole purpose of a class list, which will be available only to those enrolled in the program.

I give / do not give my permission for my child to participate in walking field trips on the grounds of LCOR.

I have read, understand, and accept the LCOR Preschool Operational Policies and Procedures as outlined in the Handbook.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date