

OFFICE USE ONLY

App Fee _____ Check #: _____ Book/Supply Fee: _____ Statement of Cooperation: _____

Health Form: _____ Birth Certificate: _____ Interview: _____

2018-2019

**Little Patriots' Preschool
Enrollment/Registration Information**

Student's Legal Name: _____
Last First Middle

Called by Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female Current Age: _____ Land Line: _____

Mailing Address: _____
Street City Zip Code

Student Lives With: Father Mother Stepfather Stepmother Grandfather Grandmother Guardian Other: _____
(circle all that apply)

Program: _____ 3 yr. full-time _____ 3 yr. part-time _____ 4 yr. full-time _____ 4 yr. part-time
_____ UGCS Before/After School Daycare Grade: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Daytime Phone: _____ Daytime Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Emergency Contact #1: _____ Relationship to Student: _____

Daytime Phone Number: _____ Cell: _____

Emergency Contact #2: _____ Relationship to Student: _____

Daytime Phone Number: _____ Cell: _____

Please list any physical difficulties or special needs of the student: _____

In the event of an emergency, I authorize first aid or medical treatment for my child, and I release Union Grove Baptist Church and its related ministries from any and all responsibility in connection therewith.

Signature: _____

Date: _____



STUDENT INFORMATION:

Does your child have any known allergies: Yes _ No ____

If you answered yes, please explain in space provided below:

EMERGENCY INFORMATION:

Insurance Carrier: _____ Policy # _____

Doctor or Physician’s Group: _____ Office Phone: _____

Address: _____

Dentist: _____ Office Phone: _____

Address: _____

Hospital Preference: _____

PICK-UP INFORMATION:

Please list the name and relationship of any person who may pick-up your child on a regular basis. Students will not be released to individuals other than parents/guardians without consent.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Little Patriots’ Preschool will provide transportation to an appropriate medical resource in the event of an emergency. Little Patriots’ Preschool will not administer any drug or medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play. Discipline practices and procedures are explained in detail in the Little Patriots’ Preschool handbook. A copy of the Summary of the North Carolina Child Care Law for Child Care Centers will be provided to each parent.

I, therefore, agree that Little Patriots’ Preschool may authorize the physician of choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature: _____

Date: _____

