

UPDATED ENROLLMENT FORM

Date of Update: \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name by which the child is most often called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Home Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Is a custody order in place for this child?  Yes  No

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Work & Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Email \_\_\_\_\_

Father's Work & Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship Status: Married  Divorced  Separated  Widowed  Single

If neither parent can be reached who is the EMERGENCY CONTACT?

_____	_____	_____
Name	Phone Number	Relationship

_____	_____	_____
Name	Phone Number	Relationship

Person(s) designated to pick up child (Name, Phone Number and Relationship)

Person(s) NOT designated to pick up child (Name, Phone Number and Relationship)

Allergies: \_\_\_\_\_ Health Insurance Company (Name): \_\_\_\_\_

\_\_\_\_ (initial) FIELD TRIP AUTHORIZATION

I/We give permission to We Kare-A-Lot, Inc. to take our child on a field trips away from the premises of We Kare-A-Lot Preschool in the company of the teachers of the school. It is understood that all field trips are on foot, not in a vehicle.

\_\_\_\_ (initial) AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I/we hereby give our permission to We Kare-A-Lot, Inc. to call a doctor for medical or surgical care for our child, should an emergency arise. It is understood that a conscientious effort will be made to locate the parent/s before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date