



APPLICATION FOR ENROLLMENT

(PLEASE PRINT)

Application Date: _____

Date Enrollment Rec'd: _____

NAME OF CHILD: _____ Birth Date: _____

Program you are enrolling in (check one):

2 year-old Preschool: 2 days a week

Tues & Thurs / 9:00 am-12:30 pm

3 year-old Preschool: 3 days a week:

Tues, Wed & Thurs / 9:00 am-12:30 pm

4 year-old Preschool: 3 days a week:

Tues, Wed & Thurs / 9:00 am-1:00 pm

4 days a week

Mon-Thurs / 9:00am-1:00pm

FAMILY INFORMATION

Father/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

Where Employed _____ Business Phone _____

Email _____ NC Driver's License # _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

Where Employed _____ Business Phone _____

Email: _____ NC Driver's License # _____

CHILD INFORMATION

Likes: _____

Dislikes: _____

Name/Ages of Siblings: _____

What would you like your child to gain from our program? _____

CHILD'S MEDICAL HISTORY

Is your child allergic to anything? No ___ Yes ___ If yes, what? _____

Is your child currently under a doctor's care? No ___ Yes ___ If yes, what? _____

Is your child on any continuous medication? No ___ Yes ___ If yes, what? _____

Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

Any history of significant previous diseases or recurrent illness? No ___ Yes ___

Diabetes? No ___ Yes ___

Convulsions? No ___ Yes ___

Heart Trouble? No ___ Yes ___

If others, what/when? _____

Does your child have any physical disabilities? No ___ Yes ___ If yes, please describe: _____

IMMUNIZATION RECORD

- Please attach a copy of your child's immunization record to this application.
- Immunizations must be up-to-date in order for a child to be accepted into our program.

EMERGENCY CARE INFORMATION

Name of child's doctor _____ Office Phone _____
 Address _____
 Name of child's dentist _____ Office Phone _____
 Address _____
 Hospital Preference _____ Phone _____
 Insurance Carrier _____ Policy # _____

If a parent cannot be reached, the following person(s) may be contacted in the event of an emergency. The following person(s) also have permission to pick my child up.

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

SIGNATURE OF PARENT

In the event that neither I, nor the family physician, can be contacted immediately, I agree that the Teacher or Director may authorize the physician of her choice to provide emergency care. I agree that the Director or other authorized employee may provide transportation for my child to an appropriate medical resource in the event of an emergency.

 (Signature of Parent) (Date)

SIGNATURE OF DIRECTOR

The staff of the Discovery Church Preschool do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult.

 (Signature of Director) (Date)