

**Prince of Peace Lutheran Preschool  
Enrollment Form**

Home Phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Mom's Cell Phone: \_\_\_\_\_  
Dad's Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

School Year - \_\_\_\_\_

**Personal Information:**

Child's Full Name: \_\_\_\_\_  
Name child is called at home: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Ethnic Origin: American Indian \_\_\_\_ Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ White \_\_\_\_ Other \_\_\_\_  
Child lives with: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_  
Home address \_\_\_\_\_  
City/State \_\_\_\_\_ ZIP: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Employed by \_\_\_\_\_ SSN# \_\_\_\_\_  
Title, Rank and/or Department \_\_\_\_\_  
Employer's Address \_\_\_\_\_ ZIP \_\_\_\_\_

Father's Name \_\_\_\_\_  
Employed by \_\_\_\_\_ SSN# \_\_\_\_\_  
Title, Rank and/or Department \_\_\_\_\_  
Employer's Address \_\_\_\_\_ ZIP \_\_\_\_\_

Who has legal custody of child? \_\_\_\_ Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_  
Name and ages of child's siblings:  
\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

**PICK UP PERMISSION AUTHORIZATION:**

Other than the parents, please list others who **are** authorized to pick up your child:  
**(Only those on this list will be allowed to pick up your child)**  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime/cell phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime/cell phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime/cell phone number: \_\_\_\_\_

**Emergency Contacts:**

We must have two people listed as emergency contacts. In the event of an emergency, we will attempt to call the parents/guardians first. If we cannot contact either parent/guardian, list two local people that we may contact for guidance and/or may know where the parents/guardians are or how to contact them. These can be co-workers, neighbors, relatives, etc. These people **are not** authorized to pick up your child:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime/cell phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime/cell phone number: \_\_\_\_\_

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**Prince of Peace Lutheran Preschool Enrollment Form  
(Continued)**

**Medical Information:**

List any allergies your child has (foods, medicines, environmental, etc.) \_\_\_\_\_  
\_\_\_\_\_

List any medical or emotional concerns/situations, chronic or otherwise, that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Child's Primary Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

I/We, \_\_\_\_\_, the parent(s)/guardian(s) of: \_\_\_\_\_  
authorize Prince of Peace Preschool to obtain immediate care in the case of a medical emergency as determined by Prince of Peace Preschool Staff, in the event that I/we cannot be consulted or located. I understand that I /we will be solely responsible for, and will promptly pay any expenses, which may be incurred in providing treatment to my child.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other Information:**

Child's baptismal date: \_\_\_\_\_

Are you a member of this church? \_\_\_\_\_

If not, what church do you attend: \_\_\_\_\_

**Photo Release:**

I \_\_\_\_\_ (give) \_\_\_\_\_ (do not give) my permission for my child to be photographed while attending Prince of Peace Preschool. I understand these pictures may be displayed at the center, to the public and/or in advertising for the preschool.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Has your child ever attended Preschool before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the names, phone numbers and dates attended:

Name of School: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates attended: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**Tell us about your child (likes/dislikes, special interest, behavior characteristics, areas of concern)**

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