

## Child's Enrollment Record at the gathering Discovery Preschool.

Child's full legal name \_\_\_\_\_  
*First Middle Last*

Sex \_\_\_\_\_ DOB \_\_\_\_\_ Child's Preferred Nickname \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Primary Telephone# \_\_\_\_\_ Secondary# \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Days your child will be at the Preschool \_\_\_\_\_ Primary hours in attendance \_\_\_\_\_

Child lives with \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

**Father's Name** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*If different than above*

Home Address \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Place of  
Employment \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Work Phone# \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*If different than above*

Home Address \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Place of Employment  
\_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Work Phone# \_\_\_\_\_

### Emergency Contact Person

Your emergency contact will be pre-authorized to remove your child from the Gathering Discovery Preschool in case of illness, accident or emergency.

This person is someone other than the custodial parents or legal guardian and is authorized in writing by the custodial parent(s) or legal guardian(s) and will have a copy of their Driver's License or State ID and contact information on file at the Gathering Discovery Preschool.

Your child will be released only to the person(s) authorized in writing and on file at the Gathering Discovery Preschool

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Name \_\_\_\_\_ Email \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

DL/picture ID attached to this file \_\_\_\_\_  
*Date*

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
*Street address City State Zip*

Hospital Preference \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

Address \_\_\_\_\_  
*Street address City State Zip*

**Known Allergies** \_\_\_\_\_

**Special Dietary Needs** \_\_\_\_\_

**Special toileting Needs** \_\_\_\_\_

**Miscellaneous Information**

**Favorite thing to do** \_\_\_\_\_

**Favorite: Toy** \_\_\_\_\_ **Movie** \_\_\_\_\_ **Book** \_\_\_\_\_

**Known Fears** \_\_\_\_\_

**Sleep patterns i.e. needs a blanket etc. to sleep, talks in sleep, dreams....**

**Concerns** \_\_\_\_\_

**List identifying scars, birthmarks, skin discolorations** \_\_\_\_\_

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### Tell us something about your child

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### My signature and initial below verifies the following:

I give permission to consult the child's physician listed above in case of emergency if the parent/legal guardian cannot be reached. \_\_\_\_\_ initials

I received a copy of "The Flu, A Guide to Parents" brochure. \_\_\_\_\_ initials

I have received a copy of the "know Your Child's Children's Center" brochure and a copy of the gathering Discovery Preschool discipline policy. \_\_\_\_\_ initials

I was notified that all snacks and meals are to be supplied by parent/legal guardian except When lunches are purchased through the Gathering Discovery Preschool \_\_\_\_\_ initials

I grant permission for the gathering Discovery Preschool to use photos of my child/children for school activities including but not limited to Facebook and the gathering Discovery Preschool Website. \_\_\_\_\_ initials

I give permission for my child to participate in food related activities (birthdays, special occasions and class parties etc. ...)

\_\_\_\_\_ My child DOES NOT have food allergies or dietary restrictions

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction – my child may participate, but not eat or handle the following items:

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\_\_\_\_\_ My child does have a food allergy or dietary restriction and MAY NOT participate in food experiences.

I verify that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date