



## ENROLLMENT FORM

Please complete **both** sides of this form and include your **nonrefundable** registration fee.

Enrollment for \_\_\_\_\_ school year. First Day of Attendance \_\_\_\_\_  
(Leave Blank)

Please check if you are a member of First English Lutheran Church \_\_\_\_\_

### CHILD:

Name (First, Mi, Last) \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_\_\_ Home Phone# \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

### PARENTS OR GUARDIAN:

**Name of Father** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

**Name of Mother** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

### CHILD'S PHYSICIAN:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

### CHILD'S DENTIST:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Please indicate which of the following classes you prefer:

\_\_\_\_\_ Mon/Wed/Fri (8:35-10:50 AM) (3, 4 and 5 year olds) (Child must be 3, 4, 5 by Sept. 1<sup>st</sup>)

\_\_\_\_\_ Tues/Thurs (8:45-10:45 AM) (3 year olds) (Child must be 3 by Sept, 1<sup>st</sup>)

Please indicate areas in which you may be interested in helping at Christian Cooperative Preschool.  
Please call Christian Cooperative Preschool if you have any questions regarding any of the below options.

- |   |                                    |
|---|------------------------------------|
| _____ Bulletin Board Parent                     | _____ Laundry Parent (MWF Class)   |
| _____ Class Photographer/Compiler of Photo DVDs | _____ Scrapbook Parent             |
| _____ Class Representative/Calling Parent       | _____ Special Projects Coordinator |
| _____ Creative Door Display Parent              | _____ Special Projects Parent      |
| _____ Executive Board Member                    |                                    |
| (Reduced tuition for Board Members)             |                                    |

Has the child you are enrolling or any other child in your family previously attended Christian Cooperative Preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about Christian Cooperative Preschool? \_\_\_\_\_

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian)

I hereby give permission for my child to participate in all field trips and other activities. I understand that if my child is under 4 years of age I must provide a car seat for my child for the field trips. If my child is over 4 years of age, I understand that I must provide a booster seat for the field trips.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian)

**Person to be notified in case of an emergency when parent/guardian cannot be reached:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Relationship to Child \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian)

I have had an opportunity to review the policies of this preschool and a summary of the Wisconsin Rules for Licensing Child Care Centers.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian)

Child's Ethnicity: Please put a check mark by one of the following:

\_\_\_\_\_ African American \_\_\_\_\_ American Indian \_\_\_\_\_ Asian Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_ White