



## 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 3K classes you prefer:

\_\_\_\_\_Monday/Wednesday (8:45-11:00 AM) (3-4 year olds)

\_\_\_\_\_Tuesday/Thursday (8:45-11:00 AM) (3-4 year olds)

(Child must be 3 by September 1<sup>st</sup>)

.....  
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.

**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