

CHILD ENROLLMENT FORM – Hope Lutheran Preschool/4K

Child's Name: _____ Is there a nickname you would prefer? _____

Birthdate: _____ Sex: Male ____ Female ____ Application Date: _____

Please check one:

- _____ Preschool 3-day class – Monday, Wednesday and Friday
- _____ Preschool 2-day class – Tuesday and Thursday
- _____ 4-year old Kindergarten 5-day class – Monday through Friday – AM
- _____ 4-year old Kindergarten 5-day class – Monday through Friday – PM

Local Church Affiliation: _____

PARENT OR GUARDIAN:

(Father)

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Family Email: _____

(Mother)

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

ADDRESS AND TELEPHONE NUMBER OF PARENTS' PLACE OF EMPLOYMENT:

(Father)

Name: _____ Phone: _____

Address: _____

(Mother)

Name: _____ Phone: _____

Address: _____

LOCAL PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, IF PARENT OR GUARDIAN CANNOT BE REACHED:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

NAME OF CHILD'S PHYSICIAN OR MEDICAL FACILITY:

Name: _____ Phone: _____

Address: _____

PERSONS AUTHORIZED TO CALL FOR MY CHILD (including parents):

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

(Please also fill out and sign back side of this form)

