## **Stonebriar Preschool Pals** 2018-2019 Enrollment Form

Image Rel	<u>ease</u>	FO	R OFFICE USE ONLY	Epi Pen
Days enrolled:	T/T	W/F	T/W/T (3s & 4s)	T/W/T/F (4s)
Room No.:			Check #:	Amount \$
Date of Admissio	n:		_ Date of Witho	drawal:

Check one:	New student	
	Returning Student	

Returning Student				
Please write CHILD'S INFORMATION	e the days you pr	efer: 1 <sup>st</sup> Choi	ce	2 <sup>nd</sup> Choice
Child's Name (Last, First, Middle):			Goes By:	
Address:			Zip Code:	
Home Phone:			Birth Date:	
Child's Age as of September 1, 2018:			Gender:	
PARENT INFORMATION				
1.) Mother's Information:				
Name (Last, First):			Marital Status:	
Address:	Ci	ty:	Zip Code:	
Home Phone:			Cell/Beeper:	
Employer:			Occupation:	
E-Mail Address:				
2.) Father's Information:				
Name (Last, First):			_ Marital Status	s:
Address:	City	:	_ Zip Code:	
Home Phone:	Work Phone:		_ Cell/Beeper:	
Employer:			Occupation:	
E-Mail Address:			_	
PICK-UP AUTHORIZATION (indiv	viduals other than j	parents): <b>There</b>	is room for m	ore names on the back.
I hereby authorize the childcare facility to a	illow my child to leav	e the childcare fac	cility <u>ONLY</u> wit	th the following persons:
1	Pho	пе	R	Relationship to Child
2.				
Name	Pho		R	Relationship to Child
EMERGENCY CONTACTS (if pare I hereby authorize the childcare facility to n	-		emergency, if pa	arent/guardian cannot be
reached.				
1 Name	Phor	пе	R	Relationship to Child
2			_	
Name	Phoi	пе	R	Relationship to Child
I acknowledge that the above information is	s true and correct to	the best of my kno	wledge.	
Signature – Parent or Legal Guardian			Date	

<u>ADDITIONAL PICK-UP AUTHORIZATION</u> (individuals other than parents):

I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following persons:

<u>Name</u>	<u>Phone</u>	Relationship to Child
3		
4		
5		
6		
7		