# Sacred Heart Catholic Preschool
# Child Enrollment

Office use:
- ☐ Medical Form
- ☐ Vaccination
- ☐ Fee

| Child's Name | Nickname | Birthday |
|---|---|---|
| | | |
| Address (Street, City, State, Zip Code) | Email Address | |
| | | |

| Faith Background | Ethnicity |
|---|---|
| ☐ **Catholic**<br>☐ **Other (Please Specify)** _____ | ☐ **American Indian or Alaska Native** ☐ **Asian** ☐ **Two or more Races**<br>☐ **Black or African American** ☐ **Native Hawaiian or other Pacific Islander** ☐ **White**<br>☐ **Hispanic or Latino** ☐ **Not Hispanic or Latino** |

## Parent/Guardian Information

| | |
|---|---|
| Mother's Name | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | Cell Phone Number ( ) |
| Employed By | Hours of Employment From To |
| Address (Street, City, State, Zip Code) | Business Phone Number ( ) |
| Father's Name | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | Cell Phone Number ( ) |
| Employed By | Hours of Employment From To |
| Address (Street, City, State, Zip Code) | Business Phone Number ( ) |

## **Emergency Contact(s) -** Other than Parent(s), Guardian(s) or Doctor

| | | |
|---|---|---|
| Name | Relationship | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | | Cell Phone Number ( ) |
| Name | Relationship | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | | Cell Phone Number ( ) |

## **Person(s) Authorized to take Child from Preschool -** Other than Parent(s) or Guardian(s)

| | | |
|---|---|---|
| Name | Relationship | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | | Cell Phone Number ( ) |
| Name | Relationship | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | | Cell Phone Number ( ) |
| Name | Relationship | Home Phone Number ( ) |
| Address (Street, City, State, Zip Code) | | Cell Phone Number ( ) |

## Physician and Preferred Hospital to be used in an Emergency

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to used are as follow

| Doctor/Clinic Name | Phone Number |
|---|---|
| | ( ) |
| Address (Street, City, State, Zip Code) | |
| Preferred Hospital Name | Phone Number |
| | ( ) |
| Address (Street, City, State, Zip Code) | |

## Field Trip Permission

We hope to take a few field trips this year, but these are still in the early planning stages. We will notify you of each of these as the time approaches. From time to time, however, in our study of our surroundings and the seasons, we will take short walks in the neighborhood (the woods and creek area south of the Preschool). The permission below will allow your child to accompany us on these carefully supervised walkabouts.

☐ I Do ☐ I Do Not

Give my permission for my child to accompany Sacred Heart Catholic Preschool staff members on short neighborhood walks without prior notification.

| Parent/Legal Guardian Signature | Date |
|---|---|
| **X** | |

## Photo Publication Permission

☐ I Do ☐ I Do Not

Give consent for my child to be photographed during Preschool activities. This includes, but not limited to, publication in the Sacred Heart Bulletin, Newsletter, Website, Facebook, Preschool scrapbook and/or local newspapers.

| Parent/Legal Guardian Signature | Date |
|---|---|
| **X** | |

## Child's Health History and Current Health Problems

Any Allergies, Special Medical Conditions, Including Chronic Health Problems

Any Special Medications and/or Restrictions

A. When my child is ill, I understand and agree that my child may not be accepted for care.

B. This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the Preschool.

| Parent/Legal Guardian Signature | Date |
|---|---|
| **X** | |

**For Office use only:**