



ENROLLMENT FORM

2011-2012

How did you hear about Promiseland?: _____

PROGRAM REQUEST

2 & Young 3 Year Olds

____ Mon and Wed (AM)

____ Tue and Thurs (AM)

____ Mon, Tues, Wed, Thurs (AM)

3 & 4 Year Olds

____ Mon, Wed and Fri (AM)

____ Tue, Thurs & Fri (AM)

4 & 5 Year Olds (Pre-K)

____ Mon, Tues, Wed & Thurs (PM)

CHILD INFORMATION

Full Name: _____ Date of Birth: _____

Child goes by: _____ Gender: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

PARENT OR GUARDIAN INFORMATION

MOTHER'S INFORMATION

Full Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

FATHER'S INFORMATION

Full Name: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Marital Status: Married Seperated Divorced Widowed Single

FAMILY INFORMATION

SIBLING(S) INFORMATION

Name: _____ Age: _____ Living in home with child?: _____

Name: _____ Age: _____ Living in home with child?: _____

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Name: _____ Age: _____ Living in home with child?: _____

Name: _____ Age: _____ Living in home with child?: _____

Please list any other persons living with the child and their relationship to child: _____

Do you have an active church home?: _____ If yes, church home: _____

Would you like info about Christ's Church?: _____ Pastor's Name: _____

Persons authorized to pick up child: _____

Persons **NOT** authorized to pick up child: _____

PERSONAL HISTORY

Has your child had a previous group interaction or preschool experience? If yes, when and where:

Does your child have allergies?: _____

Are there any medical issues we should be aware of?: _____

How does your child indicate the need to use the toilet?: _____

Does your child have any bowel or bladder irregularities?: _____

Does your child take a regular nap?: _____

What is your child's concept of God?: _____

What form of discipline is used in your home?: _____

What activities does your child enjoy doing?: _____

What activities does your child find challenging or tend to avoid?: _____

Please list any additional information about your child related to their communication, personality, habits and behavior that will help us interact with them in the most positive manner.

A up-to-date copy of immunization records must be included with this form.

PARENT SIGNATURE(S)

Date: _____

Date: _____