

Program: _____

Admission Date: _____

3's: _____
(year)

Discharge Date: _____

4's: _____
(year)

New Life Christian Preschool Application for Enrollment

Child's Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Primary Contact Name: _____

Relationship to Child: _____

Address (if different than child): _____

City/State/Zip: _____

Email: _____

Cell Phone: _____ Work/Home Phone: _____

Employer Name & Address: _____

Secondary Contact Name: _____

Relationship to Child: _____

Address (if different than child): _____

City/State/Zip: _____

Email: _____

Cell Phone: _____ Work/Home Phone: _____

Employer Name & Address: _____



Healthcare Provider

Doctor's/Certified Licensed Practitioner's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____

Emergency Contacts

Emergency Contact Name: _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Work/Home Phone: _____

Method of Transportation: _____

Emergency Contact Name: _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Work/Home Phone: _____

Method of Transportation: _____

Emergency Contact Name: _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Work/Home Phone: _____

Method of Transportation: _____

I give New Life Christian Preschool consent to notify the above contacts in case of an emergency in which the primary or secondary contacts are unable to be reached. I give consent to release custody of my child to the persons listed above.

Parent/Guardian Signature

Date