email:

Office of Early Learning and School Readiness

Preschool Enrollment Form

Revised 11/30/18

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name _____ Date of Birth _____

Family/Guardian Name _____

Please select 1, 2 or 3 to set call order of phone number used to reach you:

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Home Phone _____ Call Order _____

Employer Name _____ Work Phone _____ Call Order _____

Employer Street Address _____ City _____ State _____ Zip _____

Alternate Family Information:

Please select 1, 2 or 3 to set call order of phone number used to reach you:

Family/Guardian Name _____ Cell Phone _____ Call Order _____

Family Street Address _____ Home Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

Employer Name _____

Employer Street Address _____ City _____ State _____ Zip _____

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____ Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____ Call Order _____ Home _____ Call Order _____

Cell _____ Call Order _____ Cell _____ Call Order _____

Work _____ Call Order _____ Work _____ Call Order _____

List Medical Contacts, In Case Of Emergency:

Physician _____ Dentist _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Please complete both pages of form

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster:

My child's name ☐ Yes ☐ No

Family name ☐ Yes ☐ No

Phone numbers ☐ Yes ☐ No ☐ Cell ☐ Home ☐ Work

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Exempt from immunizations because of religious conviction: ☐ Yes ☐ No

Child immunization records attached: ☐ Yes ☐ No

Date

Signature of Authorized Family Member/Guardian