

Memory Lane Preschool Entrance and Travel Permission

Date: _____

I would like my child to be enrolled: MWF _____ TTH _____ 5 days _____

Child: _____ Birthdate: _____

First name child will be called, learn to write and recognize _____

Home Address _____ Phone #: _____

Email : _____

Mother's Name: _____ Father's Name _____

Employed By: _____ Employed By: _____

Cell Phone: _____ Cell Phone: _____

Business Phone: _____ Business Phone: _____

Does Child live with both parents? _____ One Parent: _____ Other _____

Any brothers? _____ ages _____ Sisters? _____ ages _____

If Parent or guardian cannot be reached in an emergency contact:

Name: _____ relationship: _____ phone# _____

Name: _____ relationship: _____ phone# _____

Who do you authorize to pick up your child other than those listed above.

Names _____

Allergies or other serious problems: _____

Are there problems that would restrict your child's activities _____

Has your child had all required immunizations? _____

Child's Dr: _____ Phone # _____

Child's Dentist: _____ Phone # _____

TRAVEL PERMISSION: I give my permission for my child _____

to travel on all field trips with the class.

MEDICAL RELEASE: I, the parent/guardian, _____

give permission for emergency aid or treatment, as necessary, to render to

_____ by any licensed physician or hospital emergency first aid treatment room in the event we can not be reached for consultation.

Signed _____

Has your child had previous preschool experience?

Please give any information concerning your child which will be helpful in their experiences in preschool. (Fears, play, eating, likes and dislikes)

What goals do you have for your child that you feel the Preschool can enrich?

(Use back of the form if necessary)