

Preschool Enrollment Forms



Child's Name: _____

Mother/ Guardian _____

Phone # _____

Father/Guardian _____

Phone # _____

Transportation: Child will generally be picked up and dropped off by:

Name _____ Phone# _____

Other people authorized for transportation _____

Please list any person UNAUTHORIZED to pick up child _____

Please list any Changes/Events/Issues (i.e. death in family, new baby, divorce) _____

Prior Group Experience _____

Please attach a page if you have additional information you would like us to know about your child.

Medical Information: Allergies _____

Dr. Name _____ Phone # _____

Dentist Name _____ Phone # _____

Hospital Preference _____

Other Necessary Information _____

I authorize the Willow Street Preschool Leaders to act on behalf of the welfare of my child. I release from liability all the leaders of Willow Street Mennonite Church and the church itself, teachers and the director of Willow Street Preschool. In the event that my child needs medical treatment, I know that I will be contacted as soon as possible. I permit the leaders to seek medical treatment for my child. I authorize the responding medical crew to do whatever they deem necessary for the welfare of my child, even if my child refuses.

SIGNATURE _____ DATE _____

Home Phone# _____

Cell Phone# _____ Work# _____

If I cannot be reached, you may contact:

Name _____ Phone# _____

WHEN COMPLETED: Mail or hand in with your registration form
or scan or email photo of form to: director@wspreschool.org

PHOTOGRAPH & GYM CLASS FORMS

Child's Name: _____

Please complete and sign both forms below.

Thank you!



Photograph Permission Form:

We use the Seesaw App: Each class has its own private group. Teachers will send weekly pictures of classroom activities.

We ask permission to photograph your child at different times throughout the year. This photo could be used on our See Saw App, bulletin boards, and the closing program slide show. Please sign below:

___ **YES**, I permit my child to have his picture taken.

___ **NO**, I do not permit my child to have his picture taken.

Parent's Signature: _____ Date: _____

Gym Class Permission Form:

Any Physical Limitations or Restrictions:

Parent's Signature: _____ Date: _____

This form must be signed before your child can participate in gym class.

Thank you!