

**Angel Land Preschool  
2024-2025 Enrollment Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Driver's License \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Driver's License \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ If yes, who is the custodial parent? \_\_\_\_\_

Is the non-custodial parent allowed to pick up the child? \_\_\_\_\_ Custody Documents on File? Yes No

Church you most often attend \_\_\_\_\_

**Persons to be called in case of illness or emergency other than parents:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**The following people have my permission to pick up my child. I understand that my child will not be released to anyone not listed below other than parents:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

**Child's Special Care Needs** (check all that apply)

Environmental allergies

Limitations or restrictions on child's activities

Food intolerance

Reasonable accommodations or modifications

Existing illness

Adaptive equipment (include instructions below)

Previous serious illness

Symptoms or indications of complications

Injuries and hospitalizations (past 12 mo.)

Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? Y N      Food Allergy Emergency Plan Submitted Date: