

FOR OFFICE USE ONLY

Reg. Fee Paid \$ _____ Supply Fee Paid \$ _____ Date/Check#: _____ Tuition \$ _____
Class: _____ Age Level: 2 3 4 Days attending: 2 3 4 Start Date: _____ Sibling: Yes No P/NP

ENROLLMENT FORM
2020-2021 SCHOOL YEAR



Child's Name _____ Date of Birth _____

Name to be called _____ Gender: Male _____ Female _____

Mailing Address _____ City/State/Zip _____

Primary Email Address (Please write clearly) _____

Primary Phone _____ Allergies _____

CLASS CHOICE (circle one -- determined by child's age on 9/1/20)			2 year old, 2 days (T/Th)
3 year old, 2 day (T/Th)	3 year old, 3 days (T/W/Th)	3 year old, 4 days (M/T/W/Th)	
4 year old, 2 day (T/Th)	4 year old, 3 days (T/W/Th)	4 year old, 4 days (M/T/W/Th)	

Is your child toilet trained?

Yes _____ No _____

Working on it _____

**All 4 year old students must be toilet trained by first day of school.*

Parent/Guardian #1 (First to contact if needed)

Name _____

Relation to child _____

D.L. # _____

Cell Phone _____

Email _____

Employer _____

Work Phone _____

Occupation _____

Parent/Guardian #2

Name _____

Relation to child _____

D.L. # _____

Cell Phone _____

Email _____

Employer _____

Work Phone _____

Occupation _____

Names & ages of siblings: _____ Pets: _____

Is a sibling attending our program during the 2020-2021 school year? Yes _____ No _____

Is your family registered with St. Elizabeth Catholic Church? Yes _____ No _____

Previous program(s) attended: _____

Please share any information you feel would be helpful in understanding your child: _____

Name and relationship of person(s) responsible for bringing and/or picking up your child: _____

Upon completion of the Enrollment Form & payment of Registration Fee, a spot is reserved for your child to start in September 2020. If for any reason he/she will not be attending, it is your responsibility to let us know that they will not be attending. Until we receive such notice in writing, you will be responsible for any tuition which might incur.

Parent/Legal Guardian Signature _____ Date _____

EMERGENCY FORM

2020-2021 SCHOOL YEAR



STUDENT INFORMATION

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian Names: _____

Home Address: _____

Primary Phone # _____ Secondary Phone # _____

EMERGENCY MEDICAL CONTACT INFORMATION

Child's Physician: _____ Phone # _____

Physician's office address: _____

Any medical conditions: _____

Medications currently taken: _____

Known allergies or sensitivities (please specify; food allergies require an Emergency Allergy Action Plan signed by doctor): _____

ADDITIONAL PERSONS AUTHORIZED FOR CHILD PICKUP AND/OR EMERGENCY CONTACT

(In addition to parents/guardians listed on Enrollment Form) *Must list at least one LOCAL contact.

Name: _____ D.L.# _____ Phone: _____

Address: _____ Relationship to Child: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____ Relationship to Child: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____ Relationship to Child: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____ Relationship to Child: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____ Relationship to Child: _____

EMERGENCY MEDICAL TREATMENT: *In the event that I cannot be reached to make arrangements for emergency medical treatment, I authorize the Director or designated staff-in-charge to seek medical treatment for my child. I also agree that the Parish of St. Elizabeth of Hungary or any staff member cannot be legally held responsible for any accident or injuries incurred by my child while in their care.*

Parent/Legal Guardian Signature _____ Date _____