

**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**



**2021-2022 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 \_\_\_\_\_

<b>CLASS CHOICE</b> <i>circle one</i> <i>(determined by age on 9/1/21)</i>	<b>2 year old, 3 days</b> (T/W/Th)	<b>2 year old, 2 days</b> (T/Th)
	<b>3 year old, 2 day</b> (T/Th)	<b>3 year old, 3 days</b> (T/W/Th)
	<b>3 year old, 4 days</b> (M/T/W/Th)	
	<b>4 year old, 2 day</b> (T/Th)	<b>4 year old, 3 days</b> (T/W/Th)

**Is your child toilet trained?**  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Working on it \_\_\_\_\_  
*\*All 3 year old students must be toilet trained or actively 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 2021-2022 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 2021. 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

## 2021-2022 SCHOOL YEAR

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### STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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### 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): \_\_\_\_\_

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### 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 \_\_\_\_\_