TOP TO BE FILLED IN BY PDO OFFICE ONLY:

Term: Fall 2017-2018 Date/Check#:______________ Registration Amt. Paid: _______ Tuition:_______________

Age Level: 2 3 4 Days attending: 2 3 Sibling : Yes No Parishioner Non Parishioner

ENROLLMENT FORM

2017-2018

Child's Name____ **Date of Birth**___________________

Name to be called____ **Gender: Male** _____ **Female** _____

Address:____

City: ____ **Zip Code:**____

Home Phone:___________________________________ **Allergies:**____

Class choice (circle one) determined by child's age on 9/1/17: **2 days** (2, 3 or 4 year olds) **3 days** (only for 3 or 4 year olds)

Potty Trained? Yes_____ **No**_____ **Working on it**_____ **All 4 year olds must be potty trained.**

Mother's Name: _______________________________ **Father's Name:**____________________________________

D.L. #____ **D.L. #** ____

Cell Phone:____________________________________ **Cell Phone:** _______________________________________

Email: _______________________________________ **Email:** ____

Mother's Employer: ____________________________ **Father's Employer:** _________________________________

Work Phone: __________________________________ **Work Phone:** _____________________________________

Occupation: ___________________________________ **Occupation:** ______________________________________

Names of current Legal Guardians: ____

Names and ages of siblings: ____

Is a sibling attending our program during the 2016-2017 school year? Yes ______ **No**________

Pets: ____

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 and submitting an Immunization Record, a spot is reserved for your child to start in September 2017. 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 occur.

Parent/Legal Guardian Signature:____**Date:**______________

2017-2018 EMERGENCY FORM

Student Information:

Child's Name:____Birthdate:________________________

Parents'/Legal Guardians' Names:____

Home Address:____

Home Phone:_______________________ Cell Phone(s):____

Emergency Medical Contact:

Child's Physician:_____________________________________Phone:________________________________

Address of Physician's Office :____

Medications being taken:____

Known Allergies:____

Persons other than parents/guardian authorized for child pickup and/or Emergency Contact:
(must name at least one and include name(s) listed on Enrollment Form other than parents)

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

Name:_____________________________________D.L.#____________________Phone:_________________
Address:____

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:____________