

**CLINTON PRAIRIE ELEMENTARY**

**ENROLLMENT FORM**

**PRESCHOOL**

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_  
                                LAST                                  FIRST                                  MIDDLE

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ NAME CHILD LIKES TO BE CALLED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GUARDIAN 1 NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

GUARDIAN 2 NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

PERSON(S) WHO HAS CUSTODY OF CHILD \_\_\_\_\_

NAMES AND AGES OF SIBLINGS  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_  
  NAME    PHONE

FAMILY PHYSICIAN \_\_\_\_\_  
  NAME    PHONE

EMERGENCY CONTACT \_\_\_\_\_  
  NAME    PHONE

IS YOUR CHILD TAKING ANY MEDICATIONS, INCLUDING THOSE TAKEN AT HOME? IF SO, PLEASE  
EXPLAIN (This information is important for us to have in case of an emergency) \_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON BACK**

**CHECK THE FOLLOWING WHICH PERTAIN TO YOUR CHILD:**

General Health: Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Wears Glasses\_\_\_\_\_ Asthma\_\_\_\_\_ Hearing Difficulty\_\_\_\_\_ Seizures\_\_\_\_\_

Left Handed\_\_\_\_\_ Diabetic\_\_\_\_\_ Heart Murmur\_\_\_\_\_ Frequent Nose Bleeds\_\_\_\_\_

Other\_\_\_\_\_

Food Allergies\_\_\_\_\_

Medication Allergies\_\_\_\_\_

Is your child potty trained?\_\_\_\_\_ (This is a requirement for preschool)

Can your child tie his/her own shoes?\_\_\_\_\_

IF ANY OF THE ABOVE ARE CHECKED, PLEASE INDICATE ANY ACCOMODATIONS OR TREATMENT THAT MAY BE NECESSARY WHILE AT SCHOOL\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any serious illness or accidents – please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_