

## Cherubs Pre-Kindergarten Program

Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

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

Gender: M/F      Birthdate \_\_\_\_\_ (m/d/y)

Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_ Place of work: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_ Place of work: \_\_\_\_\_

Personal Health No.: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Limitations: \_\_\_\_\_

### Persons to Contact in Emergency:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Persons Authorized to pick up my Child:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Immunization Record:**

**Please indicate most recent immunizations:**

	1 <sup>st</sup> 2 months	2 <sup>nd</sup> 4 months	3 <sup>rd</sup> 6 months	MMR 12 month	4 <sup>th</sup> 18 months	5 <sup>th</sup> 4-6 years	6 <sup>th</sup> Grade 6	7 <sup>th</sup> Grade 9
Diphtheria	x	x	x		x	x		x
Pertusis	x	x	x		x	x		
Tetanus	x	x	x		x	x		x
Polio	x	x	x		x	x		
Measles				x	x			
Mumps				x	x			
Rubella				x	x			
HIB	x	x	x		x			
Hepatitis B							x	

**Is there any other information we need, that would help us in caring for your child?**

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# Cupids Preschool

I \_\_\_\_\_ have read and understand the policies presented  
(please print name)

to me in the parent handbook of the Cherub Pre-Kindergarten Program. I agree to abide by these policies to ensure the safety of my child and others attending the Pre-Kindergarten class.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Return these completed enrollment pages to the Preschool teacher or school office along with a \$100.00 deposit to ensure your child's enrollment in the program. Thank you.