

## 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 provide the most up to date Immunization record from Northern Health.**

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

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# Cherubs Pre-Kindergarten

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.**