

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?

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.**