Diocese of Grand Rapids

Preschool Enrollment Form

Student Data

Student's name:_____**Gender: M F (circle)**
Last First Middle

Ethnic Background: Asian Black/African American Caucasian Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native Hispanic Multiracial (circle)

Home Address:_____**City:**_____**Zip:**_____

Home Phone:_____**Date of Birth:**_____**Social Security #:**_____

Program Entering: 3yr. old/ 2 days or 4 yr. old/ 3 days 5 days (circle all that apply)

Last preschool/day care student attended:_____
Name of school City/State

PUBLIC School District where student resides:_____

Health Information

Does this student have specific medical needs of which we should be aware (eyeglasses, allergies, etc.)? If yes, please describe:_____

_____

Does student require medication during regular school hours? Y N (circle)

If yes, medication name and dosage:_____

Parish Data

Child's Sacraments	Date	Church	Pastor's Name
Baptism			
First Communion			
Reconciliation			
Confirmation			

Current Church affiliation:_____ **Pastor's name:**_____

(OVER)

Related Information

Is there any additional information concerning this student regarding any specific learning or physical challenges-- i.e., previous testing, learning difficulties, emotional concerns, gifted student, etc? If yes, please indicate:_____

_____

_____

_____

_____

_____

_____

I understand that failure to provide complete and accurate information to school administrator may be cause for dismissal from the school.

Parent/Guardian signature:_____Date:_____

Children in the Family:

Name:	Birthdate	School	Grade level

Emergency Data

In case of an accident or serious emergency, the school will first attempt to contact a parent. If a parent cannot be reached, we will contact the following person(s):

Name:_____**Phone:**_____

Address:_____**Relationship to student:**_____

Name:_____**Phone:**_____

Address:_____**Relationship to student:**_____

Family Doctor:_____**Phone:**_____

Hospital preferred for treatment:_____**Ambulance:**_____

Family Data

Parent Information	Father	Mother
Name:		
Social Security #:		
Address (if different from child):		
Home phone # (if different):		
E-Mail Address:		
Employer:		
Business phone #:		
Cell phone #:		
Language spoken in the Home:		
Church/Religious Affiliation:		
Marital status - Married		
Separated		
Divorced		
Widowed		
Remarried		
Name of Step-Parent:		
With whom does child reside?		