



First Class Minds

PRECHOOL

Enrollment Application:

Child's Name:	Date of Enrollment:
Child's Address:	Date of Birth:
Home Phone:	Is your child toilet trained? ____Y____N

Parent/Guardian Information:

Parent/Guardian #1 Info: Name:	Parent/Guardian #2 Info: Name:
Home Address: Home Number:	Home Address: Home Number:
Place Of Business: Work Phone: Cell Phone #: Email:	Place of Business: Work Phone: Cell Phone #: Email:



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Emergency Contact Information

Authorization to pick up your child and/or contact in case of emergency if neither parent/guardian is available to assume responsibility for the child.

Name of Contact #1:	Name of Contact # 2:
Best Contact number:	Best Contact number:
Address:	Address:
Relationship:	Relationship:

Child's Doctor Information:

Child's Doctor:	Known Allergies:
Address:	Medical Conditions:
Phone Number:	Specific Needs: