

Olathe Christian Church Preschool Enrollment Form

1115 S. Ridgeview Road Olathe, KS 66062

Child's Name _____ Boy Girl

Nickname (if you prefer it be used) _____ D.O.B. _____

Home Address _____

Mother or Guardian's Name _____ Cell phone _____

Email Address _____

Mother's Occupation _____ Hours _____

Father's Name _____ Cell phone _____

Father's Occupation _____ Hours _____

Emergency Contact (other than parent or guardian) _____

Relationship to child _____ Phone _____

Child lives with Both Parents Mother Father Guardian

Persons authorized to pick up my child _____

Other children in family and ages _____

Health/behavior concerns such as allergies, asthma, fears _____

Possible concerns about speech, hearing, vision, or other physical limitations _____

Child's Physician's Name _____ Phone _____

Pertinent family information such as recent divorce, death, serious illness, relocation, or new sibling _____

Has your child had any previous exposure to children's groups such as Sunday school or daycare? If so, please specify _____

Kindergarten your child will attend _____

I give permission for my child's picture to be uploaded to an invitation-only classroom website or to be used on the preschool's website Yes No

Parent's Signature _____ Date _____

Office use:

Date Received _____ Enrollment Fee Paid _____