TEMPLE EMANUEL PRESCHOOL
ENROLLMENT FORM/FACE SHEET

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD TO THIS DOCUMENT

Child's Name_____ **Date of Birth** _____ **Sex**_____

Eye Color _____ **Hair Color** _____ **Height** _____ **Weight** _____ **Identifying Marks**_____

Home Address _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Home Telephone _____

Business Name _____

Business Phone _____

Days/Hours at Work _____

Email Address_____

Cell Phone _____

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Home Telephone _____

Business Name _____

Business Phone _____

Days/Hours at Work _____

Email Address _____

Cell Phone _____

Marital Status *(Please circle the appropriate choice)* **Married** **Divorced** **Widowed** **Separated**

Primary Caregiver other than parents (e.g., grandparent, nanny, etc.)

Name _____ **Relationship** _____

ADDITIONAL INFORMATION

Child's Physician _____
Name **Address** **Phone**

Chronic Health Conditions/Allergies/Special Diet _____

_____

Individual Health Plan for child with chronic condition? If yes, please attach.

Special Limitations or Concerns _____

_____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

_____ _____
Parent/Guardian Signature **Date**