



Our Lady of Perpetual Help Preschool Enrollment Form

Please complete ALL pages of the form
Revised 4/11/17

Section I – Student and Family Information

Child's Name _____	Date of Birth _____	Catholic _____ Non Catholic _____
Family/Guardian Name _____	Please print 1, 2, or 3 to set call order of phone number used to reach you.	
Family Street Address _____	Cell Phone _____	Call Order _____
City _____ State _____ Zip _____	Home Phone _____	Call Order _____
Employer Name _____	Work Phone _____	Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____	

Alternate Family Information:

Family/Guardian Name _____	Cell Phone _____	Call Order _____
Family Street Address _____	Home Phone _____	Call Order _____
City _____ State _____ Zip _____	Work Phone _____	Call Order _____
Employer Name _____	City _____ State _____ Zip _____	
Employer Street Address _____		

Section II – Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Please print 1, 2, or 3 to set call order of phone number used to reach you.	
Home _____ Call Order _____	Home _____ Call Order _____
Cell _____ Call Order _____	Cell _____ Call Order _____
Work _____ Call Order _____	Work _____ Call Order _____

List Medical Contacts, In Case Of Emergency

Physician _____	Dentist _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____

Section III – Emergency Transportation Authorization

Give Permission to Transport

Our Lady Preschool has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent's Signature X	Date
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OR

Do not sign both

DO NOT Give Permission to Transport

Our Lady Preschool does NOT have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish the following action to be taken:

Parent's Signature X	Date
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Section IV – Child’s Health Information

Child’s Chronic Medical/Health Needs

Child’s History of Hospitalization

Child’s Disease History

Child’s Allergies/Treatment

Child’s Dietary Needs/Restrictions

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child’s Medications

Section V – Registration Authorizations

Annual Class Roster – Each year, the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

- My child’s name Yes No
- Family name Yes No Email Yes No
- Phone Numbers Yes No Cell Home Work

Signature of Authorized Family Member/Guardian:

Date:

X

Section VI – Child Release

The following is a list of Person(s) to whom this child can be released: (Please Print)

The following is a list of Person(s) **NOT PERMITTED** to pick up this child: (Please Print)

The following is a list of Person(s) NOT PERMITTED to pick up this child: (Please Print)	Restraint papers or Divorce decree attached	
		<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section VII – Additional Child Information

Country of Birth: _____

Citizen of (what country): _____

If born outside of the United States, date the student entered the US (month, day, year): _____

If entering from a foreign country, does the student have proof of a negative TB test in the past 12 months?

Yes No *If NO, the student must provide proof before entering school.*

Has your child attended any other Preschools in the United States? _____

What language did your child speak when he/she first learned to talk? _____

What language does your child use most frequently at home? _____

What language do you use most frequently with your child? _____

What language do the adults at home most often speak? _____

Are there any other languages spoken at home? _____

Do you give Our Lady of Perpetual Help Preschool permission to contact public school ESL resources?

Yes No

Signature X	Date
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Section VIII – Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook

Signature X	Date
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"The schools of the Diocese of Columbus recruit and admit students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the schools will not discriminate on the basis of race, color, or ethnic origin in the administration of their educational programs, and athletics/extracurricular activities. Furthermore, the schools are not intended to be an alternative to court or administrative agency ordered; or public school district initiated desegregation." Diocese of Columbus

RACE: ___ White, not Hispanic ___ Black, not Hispanic ___ Hispanic ___ Asian Pacific Islander ___ American Indian/Alaskan Native

(You are not required to answer this question)