



## ENROLLMENT FORM 2019-2020

Child's name \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
(Last) (First) (Middle)

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name of the school district in which you reside \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Names and ages of other children living with your family:

\_\_\_\_\_

Please let us know if there is anything about your family dynamic such as marriage, disabilities, cultural preferences/practice...etc so we can best care for your child and serve your family.

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Berean Preschool? \_\_\_\_\_

We are mandated by the state of Minnesota and the Department of Human Services to have this form filled out in its entirety for each student. Please do not overlook any spaces. Thank you.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contacts**

In the event you cannot be reached, list two emergency contacts (be sure we can reach them during school hours).

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

If applicable, name of anyone who legally MAY NOT pick up your child \_\_\_\_\_

**Medical Information:**

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Health Information:**

Dietary \_\_\_\_\_

Allergies \_\_\_\_\_

Other \_\_\_\_\_

**Berean Preschool has my permission to secure medical help including the services of the rescue squad or the Emergency Room of Fairview Ridges Hospital in the event of an emergency.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ENROLLMENT FORM 2019-2020

Name \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

### **Half Day Preschool Program** AM: 9:30-12:00 || September - May

- 3's Mon/Wed AM                       3's Tues/Thurs AM
- 4's Mon/Wed/Fri AM                       4's Tues/Thurs AM
- 4's/5's PreK Monday-Thursday AM

### **All Day Preschool Program** Monday – Friday: 6:30 AM to 6:00 PM || Open All Year

Total # of Days/Week \_\_\_\_\_

Circle Days Attending: M T W Th F

Estimated Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

### **School Age Summer Program** Monday – Friday: 6:30AM-6:00PM

Total # of Days/Week \_\_\_\_\_

Circle Days Attending: M T W Th F