



# Spanish Schoolhouse

## Preschool & Kindergarten

### Child's Information

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Allergies? \_\_\_\_\_

### Parent Information

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

Address \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Please circle the program that your child will be enrolled in:**

Preschool:            M/W            M/W/F            T/TH            T/TH/F            M-F

Kindergarten:        M/W/F            M-F

### Emergency Contact (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Release of child

In addition to the parents listed on this form, I authorize Spanish Schoolhouse to allow my child, \_\_\_\_\_, to leave the facility with the following people only:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Authorization for Emergency Medical Attention

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

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

Please list any special needs that your child may have or other information the school should be aware of:

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I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under "release of child" to leave the school with my child. I certify that all information above is true to my knowledge.

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Signature of parent or legal guardian

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Date

Date of Admission: \_\_\_\_\_

Date of Withdraw \_\_\_\_\_

School Start Date \_\_\_\_\_