

Office of Early Learning and School Readiness  
**Preschool  
Enrollment Form**

Revised 11/30/18

This form meets Ohio Administrative Code. Programs may use this form or build their own.

**Section I - Student & Family Information**

|                                  |  |
|----------------------------------|--|
| Child's Name _____               | Date of Birth _____  |
| Family/Guardian Name _____       | Please select 1, 2 or 3 to set call order of phone number used to reach you: _____ |
| Home Address _____               | Cell Phone _____ Call Order <input type="checkbox"/>                               |
| City _____ State _____ Zip _____ | Home Phone _____ Call Order <input type="checkbox"/>                               |
| Employer Name _____              | Work Phone _____ Call Order <input type="checkbox"/>                               |
| Employer Street Address _____    | City _____ State _____ Zip _____   |

**Alternate Family Information:**

|                                  |  |
|----------------------------------|--|
| Family/Guardian Name _____       | Please select 1, 2 or 3 to set call order of phone number used to reach you: _____ |
| Family Street Address _____      | Cell Phone _____ Call Order <input type="checkbox"/>                               |
| City _____ State _____ Zip _____ | Home Phone _____ Call Order <input type="checkbox"/>                               |
| Employer Name _____              | Work Phone _____ Call Order <input type="checkbox"/>                               |
| Employer Street Address _____    | City _____ State _____ Zip _____   |

**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 select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

|  |  |
|--|--|
| Home _____ Call Order <input type="checkbox"/> | Home _____ Call Order <input type="checkbox"/> |
| Cell _____ Call Order <input type="checkbox"/> | Cell _____ Call Order <input type="checkbox"/> |
| Work _____ Call Order <input type="checkbox"/> | Work _____ Call Order <input type="checkbox"/> |

List Medical Contacts, In Case Of Emergency:

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

**Section III - Child's Health Information**

Child's Chronic Medical/Health Needs

Please complete both pages of form

Is your child toilet trained? \_\_Yes No \_\_ (If no fill out the following:

The program's policy is to check diapers ever 2 hours. Please indicate if you want your child's diaper check according to the program's policy or another: \_\_ I AGREE with the program's schedule \_\_ I DO NOT AGREE, please check my child's diaper every \_\_ hours.

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 Medication/s:

### Section V - Registration Authorizations

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

My child's name  Yes  No

Family name  Yes  No

Phone numbers  Yes  No  Cell  Home  Work

**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.

Exempt from immunizations because of religious conviction:  Yes  No

Child immunization records attached:  Yes  No

#### Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes  No  
(check one)

Date

Signature of Authorized  
Family Member/Guardian