

Ursuline Preschool and Kindergarten
*4300 Shields Road * Canfield * Ohio * 44406*

#2

2016 - 2017

Child Enrollment Information

Today's Date _____

Child's Name _____ Date of Birth _____

Address _____ Phone _____

Birth Father _____ Birth Mother _____

Address _____ Address _____

Phone _____ Phone _____

Occupation _____ Occupation _____

Address _____ Address _____

Phone _____ Phone _____

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted: (Each contact person MUST have a different phone number).**

Name

Name

Street Address

Street Address

Relationship to Child

Relationship to Child

Phone Numbers:

Phone Numbers:

(PLEASE PROVIDE PHYSICIAN INFORMATION)

(PLEASE PROVIDE DENTIST INFORMATION)

Physician:

Dentist:

Name

Name

Street Address

Street Address

City/State/Zip

City/State/Zip

Phone Number:

Phone Number:

(Over Please)

Child Enrollment Information (page 2)

Chronic Physical problem(s) _____

History of Hospitalization: _____

Diseases this child has had: _____

Allergies and Treatment: _____

Medications, food supplements, modified diet or fluoride supplements:

List of Person(s) to whom this child can be released: (Please print)

Please list anyone “specific” who your child IS NOT permitted to be released to:

Restraint or Divorce decree attached Yes____ No____

Signature: _____