Ursuline PreSchool and Kindergarten **#2**

*4300 Shields Road * Canfield * Ohio * 44406*

2015-2016

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)

____

____

List of Person(s) NOT PERMITTED to pick up child:

____

____

Restraint or Divorce decree attached Yes____ No___

Signature:____