

Trinity Preschool

Face Sheet/Enrollment Form (Side 1)
Authorization & Consent Form

For Center use:

Date of Admission _____
Age at Admission _____

Child's Name _____

Child's Address _____

Date of Birth _____

Place of Birth _____

Mother _____

Father _____

Home Address _____

Home Address _____

Home Tel. # _____

Home Tel. # _____

Cellular Tel. # _____

Cellular Tel. # _____

E-Mail _____

E-Mail _____

Work Address _____

Work Address _____

Work Tel.# _____

Work Tel. # _____

Occupation _____

Occupation _____

Name of Business _____

Name of Business _____

Hours at Work _____

Hours at Work _____

Others in the Family/Relationship:

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Child's Physician _____

Physician's Tel. # _____

Child's Dentist _____

Dentist's Tel. # _____

Please list any special health conditions (Including allergies) that your child may have: _____

Insurance Co. _____ Policy # _____ Subscriber _____

If Parents cannot be contacted, notify: (be sure these names also appear on authorization for pick up)

Name _____

Name _____

Address _____

Address _____

Relationship _____

Relationship _____

Tel. # _____

Tel. # _____

Identifying Information (required by Office For Children Regulations)

Eye Color _____

Hair Color _____

Sex _____

Height _____

Weight _____

Race _____

Identifying Marks _____

(Please fill out back side also)

Side -2-

Transportation Plan

My child will arrive at the program via _____
(Parent Drop Off, Private Trans. Arranged by Parent, Supervised Walk, etc.)

My child will depart from the program via _____

Date _____

Signature _____

Authorization for Pick -up

At dismissal time the following persons are authorized to pick up my child:

Name _____

Name _____

Address _____

Address _____

Tel. # _____

Tel. # _____

Relationship _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

Tel. # _____

Tel. # _____

Relationship _____

Relationship _____

Date _____

Signature _____

Field Trip Permission

I hereby give my child, _____ permission to leave Trinity Preschool with their teachers/staff members to go to the playground, take walks, or any other school related activities. (Permission slips will be given for any off-site field trips.)

Date _____

Signature _____

Public Relations Permission

I hereby give my child, _____, permission to be photographed or video taped for the purpose of public relations and/or for display within the school and on the Trinity Preschool website for Trinity Preschool.

Date _____

Signature _____