

SCHOOL YEAR
ALL DAY, 3 & 5 DAY

Highland Day School Enrollment Form



For Office Use Only	
Date Entering	Age Group
Date Visited	Days (circle) Mon/Tues/Weds/Thurs/Fri
Fees Paid	
Teacher	Health Form Received

Child's Name _____ Male _____ Female _____
Nickname _____ Child's Birthday _____

Mother's Name _____
Address _____ City _____ Zip _____
Employer: _____
Work Phone # _____ Home Phone # _____
Email Address _____ Cell Phone # _____

Father's Name _____
Address _____ City _____ Zip _____
Employer: _____
Work Phone # _____ Home Phone # _____
Email Address _____ Cell Phone # _____

Highland Church Member? Yes No If not, where? _____

To insure your child's safety, please list other persons to whom your child may be released:

Other children in the family:

Emergency Information: Persons authorized to act for parent in the event parents cannot be reached:
Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

Physician's Name _____ Phone # _____
Physician's Address _____
Any allergies? _____ List food allergies _____
List other allergies _____ Symptoms _____

In the event of an emergency, I grant permission for the preschool/PDO Program Director or person in charge to secure medical attention for my child. I have also received a copy of the Department of Human Service's Summary of Licensing Requirements.
Parent's Signature _____

Has your child ever attended a school/child care facility? Yes No
If so, where? _____

Helpful Information:
Is your child accustomed to taking a nap? _____ For how long? _____
Is your child toilet trained? _____ Any particular fears? _____
Please provide any other information which you feel may be helpful: