



Highland Day School Enrollment Form

For Office Use Only	
Date Entering	Age Group
Date Visited	Days (circle) Mon/Tues/Weds/Thurs
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: