**KinderPrep Preschool Student Enrollment Record**

(please check which class you are interested in enrolling)

**€** 3 year old class: Tuesday and Thursday mornings

9:00 a.m. - 11:20a.m.

Child must be 3 by September 2019

€ 4 year old class: Monday, Wednesday, Friday mornings (Sept-Dec)

Monday-Thursday (Jan-May)

9:00 a.m. - 11:20 a.m.

Child must be 4 by September 2019

€ 4 year old class: Monday-Thursday Afternoons

12:30 p.m. - 2:50 p.m.

Child must be 4 by September 2019

Kinder Ready: Monday thru Friday mornings

8:30 a.m. - 12:00 p.m.

Child must be 5 by January 2020

Child’s Full Name: Nickname: .

Current Age: Birthday / / / Gender: M F

Home Address: City: .

Zip: Home Phone: .

Fathers name: Occupation: .

Cell phone: Work phone: .

Mothers name: Occupation: .

Cell phone: Work phone: .

Email Address:

**Emergency Contacts other that parents:**

Name:

Phone: Cell:

Relationship to Child:

**Make sure both sides of this form are completed**

**IN CASE OF EMERGENCY, IF I CANNOT BE REACHED, I GIVE MY PERMISSION FOR EMERGENCY MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD.**

**(Child’s Name) Date:**

**Signature of Parent: .**

**Child’s Physician: Phone:**

**List of any chronic illness or allergies: .**

**List any physical limitations:**

**Does your child regularly receive any medications? Yes or No .**

**Reason for medication:**

**List any emotional stress such as a death in the family, new baby, etc.**

**Please describe any emotional characteristics about your child you feel would help the teacher know and understand your child better.**

**.**

**Name of daycare provider Phone**

**Address .**

**PLEASE SUBMIT A CURRENT COPY OF YOUR CHILD’S IMMUNIZATION RECORD**

**WITH THIS APPLICATION. MONTANA STATE LAW REQUIRES PROOF OF CURRENT CHILDHOOD IMMUNIZATION RECORD.**

**I GIVE MY PERMISSION FOR MY CHILD TO ACCOMPANY HIS/HER CLASS ON FIELD TRIPS DURING THE SCHOOL YEAR. I WILL PROVIDE THEIR CAR SEAT FOR THESE TRIPS.**

**Signature of Parent .**