



Enrollment Form

Christ Church Preschool

311 S. Orange Street
Media, PA 19063
(610) 566-7730

2:22 PM

10/9/2008

Family Information

LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION	SSN	
<input type="text"/>	<input type="text"/>	
ADDRESS1		
<input type="text"/>		
ADDRESS2		
<input type="text"/>		
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK	EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>
CELL	EMAIL	
<input type="text"/>	<input type="text"/>	

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CELL	EMAIL	
<input type="text"/>	<input type="text"/>	

Child Information

LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
SEX	ETHNICITY	BIRTHDAY
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMG CONTACT	EMG PHONE	
<input type="text"/>	<input type="text"/>	
EMG CONTACT	EMG PHONE	
<input type="text"/>	<input type="text"/>	
DR'S NAME	DR'S PHONE	
<input type="text"/>	<input type="text"/>	
INS PROVIDER	POLICY	
<input type="text"/>	<input type="text"/>	
BLOOD TYPE	LAST PHYSICAL	
<input type="text"/>	<input type="text"/>	
ALLERGIES		
<input type="text"/>		

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<input type="text"/>	<input type="text"/>	
ALLERGIES		
<input type="text"/>		

EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Please sign here: _____
Signature Date

OFFICE USE ONLY

Tuition: \$ _____ Classroom: _____ Enrolled: _____
Billing cycle: _____ Program: _____