

Date enrolled _____
AM 3'S M, W _____ AM 3'S T, TH _____ Pre K 4'S M, W, F _____
Pre K 4's T, Th, F _____ PM 4'S _____ JR. K _____
Child's Name _____
Nick Name _____ Birth Date _____ Sex _____
Address _____
City _____ Zip Code _____ Phone # _____
Father's Name _____ Employer _____
Work Phone # _____ Mobile Phone # _____
Mother's Name _____ Employer _____
Work Phone # _____ Mobile Phone # _____
Family E-Mail Address _____

Emergency Names – **There must be three additional names** of friends or relatives besides parents who can be called in case of an emergency.

1. _____ Phone # _____
Address _____
City _____ State _____ Zip Code _____
2. _____ Phone # _____
Address _____
City _____ State _____ Zip Code _____
3. _____ Phone # _____
Address _____
City _____ State _____ Zip Code _____

Student's Allergies _____
Student Medical Concerns _____
Child's Doctor _____ Phone # _____
Address _____
Hospital of Choice _____
Child's Dentist (if Child has none, please list yours) _____
Phone # _____
Address _____

I, _____ hereby give permission to the school to call a doctor for medical or surgical care for my child _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse _____ before any action will be taken, however if it is not possible to locate us, this expense, including the transportation to the medical facility will be accepted by us.

List of children in family:	Name	Age	Attended W.H.E.E.

Other adults living with the family (give relationship)

Other school/group experiences _____ Ages _____
Name of School _____

Please give us some helpful information that will aid the staff to make this experience a success. Please inform the staff if anything changes during the school year that would effect your child. General ideas, how he/she likes to play, imagination, how he/she plays with others, leadership qualities, habits, i.e., eating, fears, likes and dislikes, special interests, etc.:

I hereby agree that the school shall not be held liable for anything that may happen as a result of false or incomplete information given at the time of enrollment and it will not be responsible for my child, if he/she has not been signed in upon arrival for the school day.

I hereby give permission for my child/children to be photographed at W.H.E.E. Preschool. The photos purpose will be for classroom use and/or may be used for the school's website.

I understand a signed Doctor's statement and an Immunization form must be filed with the school before admission is completed. These documents are due in the office before the first day of school in September. ALL FORMS ARE TO BE COMPLETED EACH YEAR.

I will strive to cooperate with the W.H.E.E. Parent Board, W.H.E.E. Preschool Staff, and follow the W.H.E.E. rules as stated in the Parent Handbook.

Signed by parent or legal guardian _____ Date _____
How did you here about W.H.E.E..? _____

