

MOUNT CALVARY PRESCHOOL  
ENROLLEMENT &  
EMERGENCY CONTACT FORM

Please fill out this form completely. If a question does not apply to your child, write N/A (not applicable). This form must be in the educator's possession on or before the first day your child begins care. Please notify the director if any of the information changes.

\*PHOTO OF CHILD  
(OPTIONAL) PLUS  
PHYSICAL DESCRIPTION

Eye color \_\_\_\_\_  
Hair Color \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Date of Admission \_\_\_\_\_

Age at admission \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Language of Child: \_\_\_\_\_ Primary Language of Parents: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Name of Parent(s)Guardian(s): \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_

**Parent(s) guardian(s) business address/location during time child is attending Preschool:**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_ Instructions: \_\_\_\_\_

**Emergency Contact/Authorized Pick-up person**

In the event of an emergency when I may not be reached, Mount Calvary Preschool may contact the following individuals (in the order given) whom I authorize to take my child from the preschool premises.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MOUNT CALVARY PRESCHOOL**  
**Permissions**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The Following external products may be applied to my child in accordance with the manufacturer's instructions on the original container (Please initial):

\_\_\_\_\_ Diaper creams, ointments                      \_\_\_\_\_ Vaseline

\_\_\_\_\_ Lotion (Specify if special brand) \_\_\_\_\_

\_\_\_\_\_ Insect repellants

**\*Please note when public health authorities recommend use of insect repellants due to a high risk of insect-borne disease, only repellants containing DEET can be used. Staff apply insect replant no more than once per day.**

\_\_\_\_\_ Sunscreen

**\*Please note that sunscreen or sunblock must have UVB and UVA protection of SPF 15 or higher. No aerosol products. Please apply sunscreen before dropping your child off at school.**

I hereby agree to comply with the rules and regulations of the Mount Calvary Preschool (hereafter identified as: Preschool) regarding fee responsibilities, health, appropriate clothing, and any other items specified in the Parent's Handbook which has been issued to me by this Preschool.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I hereby agree to notify this Preschool two weeks in advance of withdrawal, should such an event occur, or pay the difference.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I hereby grant permission for my child to use all the playground equipment and participate in all activities of this Preschool.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I hereby grant permission for my child to leave the Preschool premises under the supervision of a staff member for neighborhood walks. I understand that any field trip with a specific destination, other than neighborhood walks, will require a special form and my signature.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I hereby grant permission for my child to participate in pictures connected with the Mount Calvary Preschool's program and with Mount Calvary Lutheran Church. By signing below, I grant permission for my child's unnamed photo to be printed in church and preschool print publications, as well as online postings associated with Mount Calvary Preschool and Mount Calvary Lutheran Church (Facebook, Instagram, and Website). I understand that an additional signature will be required prior to a photo being used that does include the name of my child in a printed publication or online.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Each year we prepare a class list with names, addresses, telephone numbers, and email addresses. We require that you give your permission to print this as we share it with each family for carpool, play dates, and birthday party information, etc.

I give permission to include my child's name on a class list and I understand that it may be shared with other families in the Preschool.

\_\_\_\_\_ **Accept**                      \_\_\_\_\_ **Decline**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I agree that I will not use this information to solicit business. I will only use the class list information to communicate about students and school functions.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_