



Enrollment Application/Emergency Information 2026-2027

For enrollment purposes complete this form and submit with a non-refundable, non-transferable \$250.00 registration fee per child. It is extremely important for you to keep your child's enrollment information file up to date.

Child's Name: _____ M _____ F _____ Date of Birth _____

Last _____ First _____ MI _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Desired date for attendance to begin: _____

Does your child have any allergies to foods, animals, medications, etc? YES NO

If YES, please describe: _____

Does your child need to nap at school? YES NO

Please select 2 schedule choices, numbered 1 through 2 (1 being your first choice, and 2 being your second choice).

Tuesday/Thursday

- 2 Half Days AM (8:30-11:30am)
- 2 Half Days PM (12:30-3:30pm)
- 2 Full Days (8:30-3:30)

Monday/Wednesday/Friday

- 3 Half Days AM (8:30-11:30am)
- 3 Half Days PM (12:30-3:30pm)
- 3 Full Days (8:30-3:30)

Monday through Friday

- 5 Half Days AM (8:30-11:30am)
- 5 Half Days PM (12:30-3:30pm)
- 5 Full Days AM (8:30-3:30)
- 5 Days Full Time (7:30-5:00)

Mother: _____ Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Employer: _____ Occupation: _____

Father: _____ Social Security Number: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Employer: _____ Occupation: _____

Billing Information if different than parent:

Name: _____

Social Security Number: _____ Relationship to Child: _____

Mailing Address: _____

City, State & Zip Code: _____

E-Mail Address: _____

How did you hear about our school? _____

Which elementary school will your child attend following preschool? _____

OFFICE USE ONLY

Cubs _____ Bumble Bees _____ Seahorses _____ Tree Frogs _____ Apple Blossoms _____ Kindergarten _____

Registration Paid: _____



Emergency Consent Form

Child's Name:

Date of Birth:

In an emergency situation, when the child's parent(s) cannot be reached, the following people will be contacted. It is important that each authorized person have their own unique Code for the purpose of checking children in & out using ProCare's security system. Please list *at least two* people. The following people are also permanently authorized to pick-up your child in non-emergency situations. (There is a separate form for temporary authorization.)

EMERGENCY CONTACTS / AUTHORIZED PICK-UP

1) Name: _____ Relationship: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
2) Name: _____ Relationship: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
3) Name: _____ Relationship: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
4) Name: _____ Relationship: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____

Consent for Emergency Medical Treatment

In the event of a medical emergency when neither my child's parent(s) nor any designated emergency contacts can be reached; I give my permission for a representative of Bluff View Private Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.

Signature of Parent or Legal Guardian _____ Date _____

Child's Physician: _____ Phone: (____) _____

Address: _____

Child's Dentist: _____ Phone: (____) _____

Address: _____

Hospital Preferred: _____ Address: _____