



ENROLLMENT FORM 2023-2024

Full name of child _____ ☐ Male ☐ Female

Preferred Name _____ Date of Birth _____
Month Day Year

Mailing Address _____
Street City State Zip Code

Parent's name _____ Cell # _____

Parent's Name _____ Cell# _____

Email Address _____

Place of Employment _____

Previous childcare/schools attended Name _____ Dates _____

In addition to the parents and/or legal guardians, the following people are authorized to pick-up my child:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Emergency contacts in the event your child becomes ill and neither parent/guardian can be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Child's Physician _____ Phone # _____

Name of person(s) who **CAN NOT** pick up your child: _____

If divorced, please describe custody and visitation agreement for the child. Should the custodial parent’s permission be obtained before the non-custodial parent conferences with the teacher, observes in the classroom, visits the child at Preschool, or picks up the child from Preschool?

We care about each child entrusted to us and want to do what is best for him/her. You can help us plan for your child’s needs, understand concerns and responses, and support and encourage your child if you provide the following information. Please give the names and birthdate of siblings living at home.

_____	_____	_____	_____	_____	_____
Name	Birthdate	Name	Birthdate	Name	Birthdate

Have there been births, deaths, serious illness, hospital stays, adoption, or other changes in the family recently? If so, describe the effects on your child and how you explained this event to your child.

Describe any fears your child has (darkness, loud noises, masks, weather, etc.)

Please identify any food allergies or sensitivities your child may have.

Please provide any additional information you think might be important for us to have. (Special needs, difficulty separating from parent, activities child likes to do/does not like to do, gets along well with other children, takes a medication on a regular basis, etc.):

May we include in the class directory for distribution to members of your child’s class: your name, child’s name, phone number and email address? Please initial _____ YES _____ NO

The parent/guardian gives Harmony Preschool permission to photograph/video the child during classroom activities. Please initial _____ YES _____ NO

Parent Disclosure Agreement

I understand that it is my responsibility to update this form in the event there have been any changes. I agree that this form will remain in effect during the term of my child’s enrollment. By signing below, I agree that this information is accurate and providing false information could be grounds for termination of enrollment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date