

Date accepted _____ Init. _____ First Day _____ Ch# _____



2331 NE 26th Ave
Pompano Beach, FL 33062
954/941-7501

CHILD ENROLLMENT INFORMATION

**Please complete application in black or blue ink.
Forms not completed will not be accepted.**

ATTENDING SCHOOL _____ ENTERING GRADE _____

TODAY'S DATE _____ MOM'S EMAIL _____

PASSWORD _____ DAD'S EMAIL _____

CHILD'S NAME _____ (first) _____ (last) _____ SEX ___ NICKNAME _____

ADDRESS _____ (street) _____ PHONE _____

_____ (city) _____ (state) _____ (zip code) _____ DATE OF BIRTH _____

NAME HOME ADDRESS CELL PHONE

MOTHER _____

FATHER _____

GUARDIAN _____

PLACE OF EMPLOYMENT POSITION PHONE

MOTHER _____

FATHER _____

CHILD'S PHYSICIAN _____ PHONE _____

IN THE EVENT OF A TRUE EMERGENCY, 911 WILL BE CONTACTED AND EMERGENCY PROCEDURES FOLLOWED

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT and ARE PERMITTED TO REMOVE CHILD:

NAME ADDRESS CELL PHONE

ALLERGIES _____ FOOD PROBLEMS _____

ANY PHYSICAL PROBLEMS WE SHOULD BE AWARE OF? _____

MARITAL STATUS OF PARENTS: (circle one) MARRIED LIVING TOGETHER DO NOT LIVE TOGETHER DIVORCED

****IF DIVORCED, please describe custody and visitation agreement for the child. If custody is limited, you must provide custody papers.

*IS MOTHER PERMITTED TO REMOVE CHILD? YES NO - - - * IS FATHER PERMITTED TO REMOVE CHILD? YES NO

OTHERS IN YOUR HOUSEHOLD:

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

*Member of First Presbyterian Church? Yes No