



# HOPE ENRICHMENT LEARNING PRESCHOOL

School Year Registration Fee: \$40 per child.....check #  
Summer Registration Fee: \$15 per child.....check #  
Summer/Fall Combo Registration Fee: \$50 per child.....check#

Enrollment Date: \_\_\_\_\_

**Child 1:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Child 2:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Child 3:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Parents/Guardians:**

First Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Child's Physician and Phone #: \_\_\_\_\_

Please provide the name and number of someone to contact if parent/guardian cannot be reached:

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

Relationship: \_\_\_\_\_

The following are authorized to collect my child from preschool:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

In an emergency situation, I give The Church at Indian Lake staff permission to take my child to the hospital/doctor for treatment.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date