

**ENROLLMENT RECORD 2019 - 2020  
GREEN MOUNTAIN VILLAGE PRESCHOOL**

Child's Name: \_\_\_\_\_ Days Requested: M T W H F - AM/PM

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Child's Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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Father's place of employment: \_\_\_\_\_ Cell / Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Wk. Phone Number: \_\_\_\_\_

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Mother's place of employment: \_\_\_\_\_ Cell / Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Wk. Phone Number: \_\_\_\_\_

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In case of an emergency and neither Father nor Mother can be reached, please contact:

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

Address: \_\_\_\_\_

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Person (Other than Parents) designated to drop off/pick up child:

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

Address: \_\_\_\_\_

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Name of Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Hospital of Choice: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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Other Children in the Family (Name, Age, and Sex):

Has your child had previous experience in group care?

Please give any information concerning your child which will be helpful in Preschool experiences (such as play, eating, special abilities, fears, likes, dislikes, right hand or left, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I am acquainted with the purpose, goals, and activities of the school, and I shall strive to cooperate with the director and follow school rules. I understand that I am paying a \$50 non-refundable enrollment fee.

Consent Form: I hereby give my permission to the Green Mountain Village Preschool to call a doctor for medical and surgical care, for my child, should an emergency arise. It is understood that a conscientious effort will be made to locate me or my husband/wife/guardian before any action will be taken. However, if it is not possible to locate us, this expense will be accepted by us.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please include a \$50 non-refundable enrollment fee.