

HOLY TRINITY PRESCHOOL - CHILD ENROLLMENT RECORD

Date of Enrollment _____

Child's Full Name _____ Nickname _____

Home Address (including city and zip code)

Primary Email _____

Child's Gender: M F Age of child _____ Date of Birth ____/____/____

Other Family Members Living in Household:

Mother or Guardian's Name: _____

Address if different from child's: _____

Primary Phone _____ Cell Phone _____ Work phone _____

Name/Address of employment (mother/guardian) _____

Mother Email: _____

Father or Guardian's Name _____

Address if different from child's _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Name/Address of employment (father/guardian) _____

Father Email: _____

Special instructions for reaching parent or guardian _____

EMERGENCY CONTACTS

1. Name _____ Contact Phone _____

Address _____ Also authorized to pick up child (YES/NO): _____

Other Phone _____ Relationship to child _____

2. Name _____ Contact Phone _____

Address _____ Also authorized to pick up child (YES/NO): _____

Other Phone _____ Relationship to child _____

Emergency contacts will ONLY be called in case of an emergency when parents cannot be reached. Persons authorized to pick up child will be called if there is an illness or the parents cannot be reached for pick up.