Cove Preschool Enrollment Information

Date				
Full Name of Child				Date of Birth
Casual Name or Nickname		(circle) Gir	l or Boy	/
Parent/Guardian				
Home Address				
Email				
Home PhoneC	ell Phone			Work Phone
Preferred Method of Contact (Circle	le) Phone	Email	Text	Other
Parent/Guardian				
Home Address				
Mailing Address				
Email				
Home Phone	Cell Phone			Work Phone
Preferred Method of Contact (Circle	le) Phone	Email	Text	Other
Who w	vill be dropp	ping off/pi	cking u _l	p your child?
Name	Relationship to Child			nship to Child
Home Phone	Cell Phone			
Emergei	ncv Contact	s other tha	an parei	nts/Guardians
•	Relationship to Child		•	
Home Address				
				ork Phone
Please list the neonle who are sut	horized to	nick up voi	ır child	in the event that you are not able to.
Name	-			•
				Phone Number
				Phone Number

Please tell us more about your child!

My child is interested in		
My child doesn't like		
Do you think your shild is right or left ha	ndad?	
Do you think your child is right or left ha		
Does your child have any brothers or sist	ters?	
If yes, what are their ages?		
Please list any allergies or medical condi	tions that your child m	ight have and any foods or activities that
these conditions might prohibit		
Childs Physician		Phone Number
Child's Dentist		Phone Number
Permission is given to Cove Preschool fo	or the following situat	ions. (Initial)
		d; I hereby give my consent to Cove luding transportation to a medical facility,
My child may be photographed fo	r publicity or other nev	vs purposes.
I have received all the policies and proc responsibilities, and terms listed within		hool, and agree to comply with the rules,
Parent/Legal Guardian Signature	Date	
Parent/Legal Guardian Signature	Date	
Cove Preschool Representative	Date	