

**Cove Preschool
Enrollment Information**

Date_____

Full Name of Child_____ Date of Birth_____

Casual Name or Nickname_____ (circle) Girl or Boy

Parent/Guardian_____

Home Address_____

Mailing Address_____

Email_____

Home Phone_____ Cell Phone_____ Work Phone_____

Preferred Method of Contact (Circle) Phone Email Text Other_____

Parent/Guardian_____

Home Address_____

Mailing Address_____

Email_____

Home Phone_____ Cell Phone_____ Work Phone_____

Preferred Method of Contact (Circle) Phone Email Text Other_____

Who will be dropping off/picking up your child?

Name_____ Relationship to Child_____

Home Phone_____ Cell Phone_____

Emergency Contacts other than parents/Guardians

Name_____ Relationship to Child_____

Home Address_____

Home Phone_____ Cell Phone_____ Work Phone_____

Please list the people who are authorized to pick up your child in the event that you are not able to.

Name_____ Phone Number_____

Name_____ Phone Number_____

Name_____ Phone Number_____

