

Calvary Chapel West Oahu Preschool

Application for Enrollment

Child's Name: _____ **Sex:** _____

Nickname: _____ **Birthday (mo/day/yr.):** _____

Child lives with: _____ Phone: _____

Address: _____ City/Zip: _____

Email Address: _____

Father/Guardian: _____	Home or Cell: _____	Emerg'cy list		Pick-up list
		Y	N	Y

Address (if different): _____ **Work Phone:** _____

Employer: _____ **City:** _____

Occupation: _____

Mother/Guardian: _____	Home or Cell: _____	Emerg'cy list		Pick-up list
		Y	N	Y

Address (if different): _____ **Work Phone:** _____

Employer: _____ **City:** _____

Occupation: _____

Emergency Information:

Medical Alerts (allergies, disabilities, etc.): _____

Child's hospital: _____

Physician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Insurance: _____ **Policy #:** _____

In the event of injury, I hereby give permission to the staff of Calvary Chapel West Oahu Preschool to administer **first aid** to my child. I also give consent to have my child taken for treatment at the nearest **emergency room** when deemed necessary. I agree to pay for all **emergency medical costs**. I understand that every reasonable attempt to **contact me** will be made. The following people may authorize **emergency care** or **pick-up** my child from Calvary Chapel West Oahu Preschool as indicated by my choice of Y (yes) or N (no) in the right hand column.

(There is a limit of two additional emergency contacts. See the director for exceptions)

Signature: _____

Name: _____	Phone: _____	Emerg'cy list		Pick-up list
		Y	N	Y

Cell: _____ **Relationship to child:** _____

Address: _____ **City/Zip:** _____

Name: _____	Phone: _____	Emerg'cy list		Pick-up list
		Y	N	Y

Cell: _____ **Relationship to child:** _____

Address: _____ **City/Zip:** _____