



**P R E S C H O O L E R S**

**C H I L D R E N**

### 2018-2019 Enrollment Information

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Age/Grade \_\_\_\_\_

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(as of September 1, 2018)

**Parent / Guardians:**

Name: \_\_\_\_\_ Member  Yes  No  Interested

Name: \_\_\_\_\_ Member  Yes  No  Interested

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

<p>Mother's Cell Phone _____ Father's Cell Phone _____</p> <p><b>ONE PRESCHOOL PARENT MUST BE ON CHURCH PREMISES DURING MUSIC / MISSIONS</b></p> <p>LOCATION: MUSIC _____ MISSIONS _____</p> <p>Parent willing to substitute teach: _____ Music _____ Missions _____</p>
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People authorized to pick up children (other than parents): \_\_\_\_\_

Will your child require extended care during Sanctuary Choir rehearsal?  Yes  No

**ADDITIONAL INFORMATION - for all children**

Please share any information about your child that will help the teachers minister to him/her more effectively \_\_\_\_\_

Does your child have any diagnosis or behavioral history or learning concerns about which we should be informed?  No  Yes (if Yes, please explain) \_\_\_\_\_

Are there any allergies or other medical conditions (including food allergies and asthma) of which we should be aware?  No  Yes (if Yes, please explain) \_\_\_\_\_

Is your child a member of school/community choral group \_\_\_\_\_  
Currently taking musical instrument lessons \_\_\_\_\_ Instrument \_\_\_\_\_

I understand that photos of Wednesday night activities may be taken and used on web media.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_