

REGISTRATION FOR ENCHANTED GARDEN PRESCHOOL

To be filled in and returned, together with tuition agreement and deposit of \$285.

Child's name _____ Date of birth _____

Parent/Guardian _____

Address _____ Zip _____

Home phone _____ Cell _____ Work _____

Primary E-mail contact for family _____

Parent/Guardian _____

Address _____ Zip _____

Home phone _____ Cell _____ Work _____

Child's medical history – illnesses, accidents, allergies _____

What else would you like me to know about your child? _____

Child's doctor and phone _____

Medical Insurance Information _____

Permission for Emergency Medical Treatment:

I authorize Jacqueline Houston to supervise the provision of emergency medical care for my child..... in the event that I cannot immediately be reached.

Signed:.....

(Please print name).....