

Indianola Preschool Inc. Enrollment Form

Class _____

Identification and Emergency Information

Child's Full Name: _____ Name Child Goes By: _____

Date of Birth: _____ / _____ / _____ Boy / Girl

Address: _____ City: _____ Primary Phone (_____) _____

Primary email: _____

Parent 1 Name: _____ Phone: _____

Parent 2 Name: _____ Phone: _____

Child Care Provider: _____ Phone: _____

Transportation Provider: _____ Phone: _____

*Emergency Contact 1: _____ Phone: _____

*Emergency Contact 2: _____ Phone: _____

*We will contact these individuals in an emergency or illness if parent cannot be reached.

Pick Up Permission

I hereby give permission for my child to leave the preschool with the person named below in addition to the persons named above. It is the responsibility of the parent to notify the preschool, in writing, of any changes, prior to pick up.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent / Legal Guardian Signature: _____ Date: _____

Please Note: If there is someone who may NOT pick up your child, the preschool MUST have a copy of the Court Order to that effect. Please submit it with this form.

Name: _____ Relationship: _____

Parent / Legal Guardian Signature: _____ Date: _____

Picture Release Agreement

I hereby give my consent to let my child, _____, be photographed for the preschool use. I understand that photograph may be used in the newspaper, Facebook page, recruitment materials or other media as deemed appropriate by Indianola Preschool, Inc. At no point will my child's photo be used with their name in any publications.

Parent / Legal Guardian Signature: _____ Date: _____

Holidays

Any holidays or activities that I do not for my child to participate in: _____