A Step Ahead Preschool Enrollment Form

Name of Child:	Date of Birth:		
Last	First		
Home Phone Number:		Email:	
Address:			
Street		Apt #	
City	State	Zip	
Mother or Guardian		Cell #:	
Last	First		
Employer:		Work #:	
Driver's License –State:		#:	
Father or Guardian		Cell #:	
Last	First		
Employer:		Work #:	
Driver's License –State:		#:	
Other person(s) Authorized to p	oick up:		
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
	akilduan ka nalaasad	Relationship:	
		to anyone not known to A Step com the parent(s) or guardian(s).	
I certify that	is physical	lly sound and free from infection or	
disease expect as noted on the f Preschool and its staff to secure	following page. I give	e my permission for A Step Ahead	
Signed:		Date:	

	<u>lical Information</u> : d's Physician:		Phone #:
Eme	ergency Hospital Prefer	rence:	
Are	there any medical reas	ons to restrict activity?	If YES, please explain:
Alle	rgies/Medical Condition		
Does your child have any allergies?			If YES, please list:
Are	there any past or curre	nt medical condition(s) tha	t we should be aware of?
If Y	ES, please explain:		
<u>Eme</u>	ergency Numbers:		
In ca	ase of an Emergency, I	Please Notify:	
1.	Name:		Relationship:
	Home #:	Work #:	Cell #:
2.	Name:		Relationship:
	Home #:	Work #:	Cell #:
3.	Name:		Relationship:
			Cell #:
4.			