



Moffat Consolidated School District #2

Moffat Preschool Enrollment Form (must be completed before child enters child care)

TO BE COMPLETED BY PARENTS: Date of Enrollment: _____

Child's name: _____ Nickname: _____

Sex: M F Age: _____ Date of Birth: _____

Home Address: _____

Home Phone numbers: _____

Family Member names: _____

Mother or Guardian's Name: _____

Address if different from child's: _____

Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Name of Employment(Mother/Guardian): _____

Address of Employment: _____ Work Phone: _____

Father or Guardian's Name: _____

Address if different from child's: _____

Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Name of Employment(Father/Guardian): _____

Address of Employment: _____ Work Phone: _____

Special instructions for reaching parent of guardian: _____

Emergency Contacts:

1. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship to child: _____

2. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship to child: _____



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Moffat Preschool Form

Moffat Preschool Persons Authorized to pick up your child (must show ID)

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name, address and phone number of child's doctor: _____

Name, address and phone number of child's dentist: _____

Name, address and phone number of Hospital of Preference: _____

Chronic Medical Conditions: _____

Does your child have a health care plan? _____ If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? _____

Complete immunization records must be provided on or before the first day the child is in care.

Food Allergies: _____