



ADMISSION FORM

Great Lakes Christian Preschool

Admission Date: _____

Withdrawal Date: _____ Reason: _____

PERSONAL INFORMATION

Child's Name: _____ Birthdate: _____

Address: _____ Postal Code: _____

Mother's Name: _____

Work Place & Address: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Work Place & Address: _____

Work Phone: _____ Cell Phone: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

EMERGENCY INFORMATION & PICK UP AUTHORIZATION

Doctor: _____ Phone: _____

Should any emergency arise and you cannot be contacted, please give the name, address, phone number, and relationship of the person who will take responsibility of your child.

Name: _____

Address: _____

Phone Numbers: _____

Relationship: _____

List the names of the people and their relationship to the child, who have permission to pick up your child without additional consent.

(Please include parent's names and relationship to the child).

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

I hereby declare that the above information is accurate and I will inform the school's supervisor of any changes throughout the year.

Parent's Signature _____ Date _____