



# 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 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 \_\_\_\_\_