



Heavenly Days Preschool, Inc.

Enrollment Date: _____

Child's Full Name _____ M ___ or F ___

Preferred Name _____ Birthdate: _____ Age _____

Mother

Father

Name _____

Name _____

Address _____

Address _____

Zip _____

Zip _____

Telephone: Home: _____

Telephone: Home: _____

Work: _____

Work: _____

Other: _____

Other: _____

- ✓ Please circle yes or no if we may include your contact information in our School Directory: **YES NO**
- ✓ Please circle yes or no if we may photograph or video tape your child for advertising, brochures or educational purposes. **YES NO**

Local persons to be contacted in case of illness, accident or emergency if parents cannot be reached, and authorized to remove the child from the facility: (required by D.C.F.)

 Name _____ Day Time Phone _____
 Relationship _____

 Name _____ Day Time Phone _____
 Relationship _____

Other persons authorized by parents or guardians to take child from facility (if different from above) _____

Please list any medical information or other instructions for your child (allergies, dietary restrictions, etc.):

State law requires that we have written authorization from a child's legal guardian to seek medical attention in the event of an emergency. Our policy is to contact you first. If we cannot contact you, we will try to contact any others you may designate. In the event we cannot contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

Child's Doctor: _____ Phone Number: _____

Insurance Company _____ Policy No. _____

Signature of Parent or Guardian: _____ Date: _____



STATE OF FLORIDA
 COUNTY OF LEON

The foregoing was acknowledged before me this _____ day of

_____ by _____ who is personally known to me or
who has produced _____ as identification and who did not take an
oath.

My commission expires: _____
Commission Number: _____

Notary Public