

## Enrollment Application

Child's Full Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_  
Street City Zip

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Your child will be attending \_\_\_\_ days per week. Please circle all that apply:

Monday Tuesday Wednesday Thursday Friday

### Mother's Information

### Father's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts

*For when parents are unable to be reached*

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_



SAINT PAUL  
THE  
APOSTLE  
CATHOLIC  
CHURCH

TEACH ME



THE HANCOCK COMMUNITY  
EDUCATION FOUNDATION

Child Release Information

We will dismiss your child ONLY to the people you authorize. List below the names of anyone who has your permission to pick up your child. You may change or update this list at any time.

Name	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Personal Information

What do you want your child to be called while at school? \_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_  
Names & Ages

Do you have any family pets? \_\_\_\_\_  
Names & Species

Does your child have any allergies? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

Permissions

I give my permission for my child to participate in walking field trips around the community with proper adult supervision. Yes    No

I give my permission for my child's name and image to be used in the newspaper, the Hancock Community Education Foundation website, and the Preschool's Facebook and YouTube pages. Yes    No

\_\_\_\_\_  
Parent's (or Guardian's) Signature \_\_\_\_\_  
Date