

# HANCOCK

COMMUNITY PRESCHOOL

Fr. Rausch Hall  
316 W. Main St.  
Hancock, NY 13783  
(607) 637-3146

## 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

### Mother's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

### Father's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

### Emergency Contacts

*For when parents are unable to be reached*

Name \_\_\_\_\_

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

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

Name \_\_\_\_\_

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

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



### 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