

Office Use Only: Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \_\_\_\_\_ Ck. # \_\_\_\_\_  
Additional payment \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \_\_\_\_\_ Ck # \_\_\_\_\_



## Word of God Academy Preschool

### Application for Enrollment

- ☐ Two Year Old      Half Day/Full Day
- ☐ Three Year Old      Half Day/ Full Day   3 day   or   5 day
- ☐ Four Year Old      Half Day/Full Day   3 day   or   5 day

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City/St \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 9/30/17 \_\_\_\_ ☐ Male ☐ Female

\*The cut- off date for enrollment is Sept. 30<sup>th</sup>. To enroll in the three year old class, your child must be three BEFORE September 30<sup>th</sup>; to enroll in the four year old class, your child must be four BEFORE Sept. 30<sup>th</sup>.

\*\* ALL three and four year old students must be **FULLY** potty trained before school begins.

Office Use Only:

Class Enrolled \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Does child live with this parent?   Y   N

If no, is this parent allowed to pick child up from school?   Y   N

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Does child live with this parent?   Y   N

If no, is this parent allowed to pick child up from school?   Y   N

Parents are :

☐ Married

☐ Divorced

☐ Single

**Siblings and ages:** \_\_\_\_\_  
(Circle names of siblings who attend WOGA)

**EMERGENCY CONTACTS (if neither parent can be reached):**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**MEDICAL INFORMATION**

**Physician's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Food Allergies** \_\_\_\_\_ **Seasonal Allergies** \_\_\_\_\_

**Physical Limitations** \_\_\_\_\_

**Hearing/Vision/Speech Difficulties** \_\_\_\_\_

**Any other special need/condition we should be aware of** \_\_\_\_\_

**Consent for medical care**

I understand the staff at Word of God Preschool will exercise all reasonable care in supervising my child. However, the staff and Word of God Academy Preschool cannot be held responsible for accidents which may occur. In the event that the child should need emergency medical care/treatment, and I, nor my emergency contacts can be reached, I hereby give my permission that 911 may be called and services rendered. I understand that I will be financially responsible for any medical care given. I also authorize for my child to be transported by car or emergency vehicle, if need be.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list people (other than parent/guardian) who have permission to pick up your child from school:**

1. \_\_\_\_\_ **Relationship** \_\_\_\_\_
2. \_\_\_\_\_ **Relationship** \_\_\_\_\_
3. \_\_\_\_\_ **Relationship** \_\_\_\_\_

\*Please make these persons aware that they must show ID before they may leave. We will keep an ID on file after their first pick-up.

