

Teacher's Name: _____

NOAH'S LANDING ENROLLMENT FORM

Child's Full Name: _____

Preferred Nickname: _____

Parent /Guardian's Names: _____

Address: _____

Employer: _____ (Mom) _____ (Dad)

Phone (home) _____ (work-Mom) _____

(work-Dad) _____ (Cell/Mom) _____ (Cell/Dad) _____

E-Mail: _____

Child's Date of Birth: _____ Age as of Sept. 30, 2024 _____

Siblings: _____ Age _____

_____ Age _____

_____ Age _____

Any other information that would enable us to better care for and support your child in your absence: _____

Physician's Name: _____ Phone: _____

Hospital Affiliation: _____

Insurance Information:

Company: _____

Policy and/or Group Number: _____

Allergies or any medical problems that should be brought to our attention: _____

Persons to notify in case of emergency when parent cannot be reached:

_____ Phone: _____

_____ Phone: _____

Please complete and sign medical release statement below:

The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration to drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately.

_____ Date: _____

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When the preschool is unable to get in touch with a parent or guardian and a staff member is able to assess the needs of my child, I give permission for the following over-the-counter medication to be given (circle yes or no):

Benadryl elixir (Diphenhydramine)	Yes	No
Antibiotic ointment (Neosporin)	Yes	No
Benadryl ointment	Yes	No

Parent/Guardian Signature