

# KENESAW PRESCHOOL ENROLLMENT FORM

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State County

Age: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Social Security Number \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(PO Box if applicable) City Zip Code

**Physical Address:** \_\_\_\_\_  
Street Address City Zip Code

**ETHNICITY:** Is the student Hispanic/Latino? (check one) \_\_\_\_ Non-Hispanic \_\_\_\_ Hispanic/Latino  
\_\_\_\_ Black/African American \_\_\_\_ Asian \_\_\_\_ Native Hawaiian/Other Pacific Islander  
\_\_\_\_ American Indian/Alaskan \_\_\_\_ White Other \_\_\_\_\_  
Specify

Primary Language Spoken in the home: \_\_\_\_\_

**Primary Parent/Guardian Information:** Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Highest Grade Completed: High School \_\_\_\_ Graduate Y/N College \_\_\_\_ Degree Y/N

Mailing Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #s \_\_\_\_\_  
Home Cell

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian/Spouse Information:** Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Highest Grade Completed: High School \_\_\_\_ Graduate Y/N College \_\_\_\_ Degree Y/N

Mailing Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #s \_\_\_\_\_  
Home Cell

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Were/Are you a Teen Parent less than 18 years of age? Yes/No (circle)

Was the child enrolling born premature (38 weeks or less) or at a low birth weight? Yes/No  
(If yes, specify) \_\_\_\_\_

Which best describes your family: (please circle one)  
Two-Parent Family Single Parent Family Teen Parent Other \_\_\_\_\_

A parent or guardian of this family is a member of the Armed Forces on active duty or  
on full-time National Guard duty? Yes/No

The student is an unaccompanied homeless youth; not in the physical custody of a parent or guardian? Yes/ No

Does anyone in the family have a disability? Yes/No Parent Child (specify if yes) \_\_\_\_\_

Does the child receive special education services or currently have an IEP/IFSP? Yes/ No

Has the child attended another preschool? Yes/No  
If yes, name of preschool \_\_\_\_\_

Do you have Medicaid or private insurance? (circle one)

Is your family currently experiencing, or has your family ever experienced any of the following:

Homelessness Teen Pregnancy Family Crisis If yes, please explain \_\_\_\_\_

Does the child/parent have any health concerns? (such as severe allergy, asthma, diabetes...) Yes/ No (circle one)  
If yes, explain:

Name: \_\_\_\_\_ Health Concern: \_\_\_\_\_

Name: \_\_\_\_\_ Health Concern: \_\_\_\_\_

Does your child wear glasses? Yes or No

Daily Medications being taken \_\_\_\_\_  
(\* A medication release form must be on file in the school office in order to receive medication at school. This includes both prescription and non-prescription medication.)

Student's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_ Doctor's Address \_\_\_\_\_

**\*\*Please list two emergency contact people other than parents.\*\***

**#1 Emergency Contact Person's Name** \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Person's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**#2 Emergency Contact Person's Name** \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Person's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Daycare or Babysitter Contact Information:**

\_\_\_\_\_  
Name Phone Number Address

**Please list other children living in your household:**

Name Date of Birth Sex: M/F Name Date of Birth Sex: M/F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_