



Pied Piper Nursery School

Enrollment Form

Child's Name _____

Age _____ DOB _____ Place of Birth _____

Address _____

Phone# _____ Cell _____

Email _____

Dad's Name _____ Occupation _____ Work# _____

Mom's

Name _____ Occupation _____ Work# _____

Guardian is Father: ___ Mother ___ Both ___ Other _____

Address if Different from Above: _____

Names of Siblings and Ages: _____

Emergency Contact Other than Parent _____

Phone _____ Doctor _____ Phone _____

If pictures are taken at preschool do you give permission to have them posted on: Our website ___ Our facebook page ___

Is there any other information you would like to share about your child?

Does your child have any allergies or specific medical concerns?

In case of Emergency: I do/I do not (circle one) give my permission for my child to be treated at the hospital by the physician or hospital staff on duty.

I have read the Pied Piper Information for parents and understand the rules and policies therein.

Signed:

Date:
