

2022-2023

Children of Grace Enrollment Form Year

422 Brenau Avenue | Gainesville, GA 30501 | 770-536-9088

Child's Information			
Last Name:	First:	Middle:	Name Called:
Birth Date:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Home Address:	
Any Siblings? Please list:			
Parent Name:		Parent Name:	
Address <i>if different than child</i> :		Address <i>if different than child</i> :	
Email Address:		Email Address:	
Cell Phone:	Work Phone:	Cell Phone:	Work Phone:
Employer:		Employer:	
Best number from 9 AM - 1 PM:		Best number from 9 AM - 1 PM:	
Medical Information			
Pediatric Group:	Physician:	Phone:	
Dentist:	Phone:		
Any known allergies? Please list:	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Plan in Office: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any existing medical conditions and/or known developmental delays or concerns:			
Are you receiving outside services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Information <i>other than parents</i> :			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
At the end of the day my child may be released to the following person(s) <i>other than parents</i> :			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
The following person(s) are NOT authorized to pick up my child:			
Name:	Name:	Name:	

WAIVER OF LIABILITY: In the event of injury or illness of my child during the time he/she is in the preschool, I agree that the preschool will first attempt to reach me by telephone at the numbers listed for emergency on this enrollment form. If the preschool cannot reach me immediately by phone, I authorize the preschool to take my child to the emergency room of the Northeast Georgia Medical Center for such treatment, in the opinion of the physician on call, as is necessary or advisable without specific authorization from me. I agree to assume responsibility for payment.

Signed: _____

Date: _____