Student Enrollment Form

Child's Full Name: _____
First Middle Last

Preferred Name Used in Classroom: _____

Current Age: _____ Gender: Female Male Potty-Trained? _____

If currently being potty-trained, please explain method/routine: _____

_____

Program Desired: M-F MWF TTH (circle one)

List other children in the household:

Name/Age: _____ Name/Age: _____

Name/Age: _____ Name/Age: _____

Name/Age: _____ Name/Age: _____

Please write a brief statement on why you have chosen Rising Stars Preschool and what your expectations are for your child:

_____

_____

_____

Please describe any special needs or attention your child will need (include any allergies):

_____

_____

I hereby release Rising Stars Preschool from medical liability due to any illness or injury occurring during my child's attendance at and participation in Rising Stars Preschool. I give permission for my child to go on sponsored field trips and release Rising Stars Preschool, its officers, employees, and its agents from any liability. I will not hold the school financially responsible for the emergency care and/or transportation of said child.

_____ _____
Parent/Guardian Signature Date