ENROLLMENT INFORMATION

Date: _____

Faith Family Fellowship Preschool
7100 Spanish Fort Blvd., Spanish Fort, AL 36527
(251) 295-0731

Office Use
_____Enrollment Fee Paid
_____Check# ___Cash

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Suffix: ☐Jr. ☐III ☐IV Name Used _____ Gender ☐M ☐F

Birth Date _____ Age _____ US Citizen: ☐Yes ☐No

Grade Applying For (**Child must be the age of applying grade by September 1 of school year**):

☐K2 (Circle # of days a week: 3 days/ 5 days)

☐K3 (Circle # of days a week: 3 days/ 5 days)

☐K4 (This grade is only available 5 days a week)

FAMILY INFORMATION

Name of Parents/Guardians _____

Present Address _____ _____
(Street Address) (PO Box)

_____ _____ _____ _____
(City) (State) (Zip Code) (Phone)

Applicant lives with (check all that apply):

☐Father ☐Stepfather ☐Other

☐Mother ☐Stepmother ☐Other

Check any of the following that apply:

☐Father is deceased ☐Parents are divorced

☐Mother is deceased ☐Parents are separated

Father's Occupation_____ Mother's Occupation _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

_____ _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone_____

Email Address _____ Email Address_____

Name and age of siblings and school each attends: _____

_____

Name of Family's Church _____

Would you like to be notified of activities offered through Faith Family Fellowship Church? ☐Yes ☐No

MEDICAL INFORMATION (Please print clearly)

Name of Child's Doctor	Doctor's Address	Doctor's Phone Number
Insurance Company	Member/Group #	Insured's Name

Food or animal Allergies
Regular Medications
Additional Information that would be helpful to teachers and staff:

STUDENT RELEASE INFORMATION (Please print clearly)

Please list the persons you have authorized to pick-up your child from school. Your child will only be released to those listed below unless you have contacted us in writing. Picture ID will be required.

NAME	RELATIONSHIP	PHONE NUMBER

EMERGENCY CONTACT INFORMATION

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE NUMBER

EMERGENCY AUTHORIZATION

I give permission for Faith Family Fellowship Preschool to obtain medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. If parent/guardian refuses to sign, instructions must be attached stating what procedure to the facility is to follow in an emergency.

_____ _____

Signature Date

Form not valid without signature of child's parent/guardian.

Child's First Day of Attendance and Withdrawal Date, if necessary, are documented in child's records.