

**Prattville Trinity Preschool  
Enrollment Application**

Date \_\_\_\_\_

Application for 3K Three days/week \_\_\_\_\_ 4K Five days/week \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Goes by \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child Lives With (Check one) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Legal Guardian(s)

**PARENTAL/ GUARDIAN INFORMATION**

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Employer (Mother/Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Employer (Father/Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Previous Daycare/School Attended \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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MEDICAL INFORMATION

Food/Drug Allergies \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

Regular Medications \_\_\_\_\_

EMERGENCY CONTACT PERSONS

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, and if none of the above listed persons can be reached, permission is granted for my child to be transported, at no liability, to Prattville Trinity Preschool or Trinity United Methodist Church, to the nearest hospital for treatment.

(Signature) \_\_\_\_\_

RELEASE

List people other than parents/guardian to whom your child may be released.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

RESTRICTED RELEASE

Is there anyone to whom your child may not be released? (In the event that there is parental/guardian restriction noted, legal documentation will be required before the restricted release can be honored.)

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

**A non-refundable enrollment fee of \$75.00 is required to guarantee registration. Please make your check payable to Prattville Trinity Preschool.**

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