

# LIL BUFFS PRESCHOOL ENROLLMENT FORM

Name (Last, First, Middle

Home – Physical Address

Home – Mailing Address

City, State, Zip

Home Phone

## Mother's Contact Information

Mother (last, first)

Mother's Home Phone

Mother's Cell Phone

Mother's Employer

Mother's Work Phone

Mother's Email

## Father's Contact Information

Father (last, first)

Father's Home Phone

Father's Cell Phone

Father's Employer

Father's Work Phone

Father's Email

## Student's Information

Student Cell Phone

Date of Birth

Gender

Female

Male

Grade Level – Circle Grade

PK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Ethnicity – Check One

Is the student Hispanic or Latino?

Yes  No

Race

Check all that apply:

(AM) American Indian or Alaska Native  
 (AS) Asian  
 (BL) Black or African American  
 (PI) Native Hawaiian/Other Pac Islander  
 (WH) White

Student Lives with:  Mother/Father  Mother  Father  Mother/Step Father

Father/Step Mother  Guardian  Self  Other

Please check any program(s) in which the student is currently in:

Resource  Chapter Reading  Chapter Math  Speech  504 Plan

Other Significant Data (i.e. asthma) \_\_\_\_\_

Has your child previously attended a preschool program?  Yes  No

Name of previous program \_\_\_\_\_

Does your child have an individual education program (IEP)?  Yes  No

What was your child's weight at birth? \_\_\_\_\_

Was your child born prematurely?  Yes  No How early? \_\_\_\_\_

Were/are you a teen parent?  Yes  No

Brothers Name          Date of Birth          Sisters Name          Date of Birth  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_  
Other than Parent      Name                      Relationship                      Phone Number

Emergency Contact #2 \_\_\_\_\_  
Other than Parent      Name                      Relationship                      Phone Number

Doctor \_\_\_\_\_  
Name    Phone Number

Residing County – Check One     BUFFALO     DAWSON     PHELPS

Resident of Elm Creek – Check One     Yes     No     Option Student

Signature: \_\_\_\_\_  
(Parent/Guardian/Foster Parent)

Date: \_\_\_\_\_