

**Cove Preschool
Enrollment Information**

Date _____

Full Name of Child _____ Date of Birth _____

Casual Name or Nickname _____ (circle) Girl or Boy

Parent _____ (circle) Mother or Father

Home Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Hours/Days _____

Parent _____ (circle) Mother or Father

Home Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Hours/Days _____

***If Parents are separated or divorced:

1. Primary Custodial Parent _____

2. Should we expect the other parent to drop-off/pick-up
child? _____

Emergency Contacts other than parents/guardians:

Name _____ Relationship to Child _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship to Child _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list the people who are authorized to pick up your child in the
event that you are not able to.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____



Please tell me a little more about your child!

My child is interested in _____
_____.

My child doesn't like _____
_____.

Do you think your child is right or left handed? _____

Does your child have any brothers or sisters? _____

If yes, what are their ages? _____

Please list any allergies or medical conditions that your child might have and any foods or activities that these conditions might prohibit.

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Permission is given to Cove Preschool for the following situations.

(Initial)

_____ In the event that emergency medical treatment is needed, I hereby give my consent to Cove Preschool to provide or acquire that emergency treatment, including transportation to a medical facility, at my expense.

_____ My child may be photographed for publicity or other news purposes.

I have received all the policies and procedures for Cove Preschool, and agree to comply with the rules, responsibilities, and terms listed within.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

Cove Preschool Representative Date

For submission information, contact:
coordinator@coveoregon.com 541-786-2999

