

**Ola Wranglers Preschool Program – Ola High School
Enrollment Form 2020-Please Print**

Child's Name: _____
Last **First** **Middle**

Name child goes by: _____

DOB: _____ **Age:** _____ **Kindergarten Start Date:** _____

Male: _____ **Female:** _____

Mailing Address: _____
Street Address

City **State** **Zip**

Mother's Name: _____

Home Phone: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

Occupation: _____

Email Address: _____

Father's Name: _____

Home Phone: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

Occupation: _____

Email Address: _____

Child Lives with: _____

Drop Off Guardian: _____

Name

Cell

Pick Up Guardian: _____

Name

Cell

Name of OHS student that your child may know _____

Names and ages of brothers and sisters _____

If neither parent can be reached in case of emergency call:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doc: _____ Phone: _____

Does your child have any food allergies? _____ If yes, please list:

If your child should eat the food or beverage they are allergic to, action to be taken: _____

List any medications your child takes on a regular basis:

Are there any special needs or special circumstances that you need to explain regarding your preschool child _____

I verify the above information is correct, and have attached a copy of the child's current immunization records or documentation of the decline. I understand full payment for the program must be made before enrollment:

Parent Signature

Date