

Eagles Nest Preschool Enrollment Form

1903 S. Market, Holden, MO 64040 | 816-732-6071 | <http://holdenschools.org>



Child's Name: Gender: Birth Date:

Address (Street, City, State, Zip):

Is your child on prescription medication regularly? Yes No If yes, list medications:

Allergies:

Chronic Illnesses:

Mother's/Guardian's Name: Home Phone: Cell Phone:

Address (Street, City, State, Zip): E-mail:

Employer or School Attend: Work/School Schedule:

Employer/School Address: Work Phone:

Father's/Guardians' Name: Home Phone: Cell Phone:

Address (Street, City, State, Zip): E-mail:

Employer or School Attend: Work/School Schedule:

Employer/School Address: Work Phone:

Emergency Contact and Persons Authorized to Take Child from Facility (Other than Parent) at least one emergency contact is required.

Name: Relationship to Child:

Address: Home Phone: Cell Phone: Work Phone:

Name: Relationship to Child:

Address: Home Phone: Cell Phone: Work Phone:

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Eagles' Nest Preschool to contact the following:

Physician or Clinic

Name: Phone:

Preferred Hospital

Name: Phone:

By checking this box and typing my name below, I am electronically signing my application.

Parent's/Guardian's Signature: Date:

Forms may be dropped off or mailed to: Holden Elementary School, 1903 S. Market, Holden, MO 64040
*****Please include a \$25 non-refundable registration fee with your enrollment form.*****

How did you learn about us? Referred by: Newspaper Flyer Website Newsletter Facebook