



APPLICATION FOR ENROLLMENT

First Presbyterian Church • 219 East Bijou Street, Colorado Springs, CO 80903 • 719-884-6130

Office use only: enrollment date _____

Child's Name _____ Date of Birth _____

Primary Address _____

(Where child lives most of the time)

Father's Name _____ Cell/Home Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Mother's Name _____ Cell/Home Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Total Household Annual Income _____

Office use only (Current family situation)

Other children living in household – please list name and age

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

If your child has previously been in another preschool or Head Start, please indicate when and where

Physical and/or emotional traits about your child that the Director should know about

Why would you like your child to attend Get Set?

Persons allowed to pick up child at school

Persons NOT allowed to pick up child at school

If neither parent can be reached, in case of an emergency, please call

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Primary Physician's Name _____

Address _____ Phone _____

Dentist's Name _____

Address _____ Phone _____

I, _____, hereby give my consent to call Dr. _____ and, if he/she is not available, to call any other doctor for medical or surgical care for my child, _____, should an emergency arise. I understand that a conscientious effort will be made to locate me before any action will be taken. If it is not possible to locate me, I will accept any expense involved.

Parent's Signature Date _____

I understand a physical and immunization record for my child is required to be on file before entering Get Set Preschool. I hereby give consent for my child to be transported to and from school and to go on trips from the Church, both on foot and by vehicle, under proper supervision.

Parent's Signature Date _____

I will cooperate with the Church in fulfilling any requirements set for parents. I fully understand that the Church has the right to drop my child from this program at any time, if he/she does not fit into the activities satisfactorily or if I do not cooperate with the Church. I will notify the Director if there is any change in the information that I have provided.

I understand that my child will be REQUIRED to sing in the Church on Get Set Sunday in May at three (or four) worship services at approximately 8:30, 10 and 11 a.m. in order to graduate with a certificate from Get Set. Any exception to this provision must have the approval of the Get Set Director.

Parent's Signature Date _____

I give my consent for my child to view age-appropriate videos at Get Set Preschool.

Parent's Signature Date _____

SIGNIFICANT HEALTH CONCERNS

Please check all that apply and add details:

- Allergies _____
- Asthma _____
- Behavior Concerns _____
- Chronic Health Problems _____
- Developmental Delays _____
- Diabetes _____
- Seizures _____
- Other _____