

Enrollment Date: _____

Withdrawal Date: _____



OPA I _____
 1890 MARS HILL ROAD
 WATKINSVILLE, GA 30677
 (706) 769-KIDS (5437)

OPA II _____
 1420 GREENSBORO HIGHWAY
 WATKINSVILLE, GA 30677
 (706) 769-CARE (2273)

CHILD ENROLLMENT FORM

Child's Full Name _____ Age _____ Date of Birth _____

Home Address _____
Street City State Zip Code

Home or Cell Telephone _____ Child's Sex _____ Male _____ Female

Name of Public or Private School Child Attends *(if any)* _____

Mother/Guardian _____

Father/Guardian _____

Employer _____

Employer _____

Address _____

Address _____

Work Telephone _____

Work Telephone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Mother/Guardian's Home Address & Telephone
(if different from child)

Father/Guardian's Home Address & Telephone
(if different from child)

Child's Living Arrangements: Both Parents _____ Mother _____ Father _____ Other _____

Child's Legal Guardian: Both Parents _____ Mother _____ Father _____ Other _____

The child may be released to person(s) enrolling the child or to the following: *(make any future changes in writing)*

<u>Name</u>	<u>Address (include complete street address, city, state, zip)</u>	<u>Daytime Telephone(s)</u>

The child **MAY NOT** be released to the following person(s): write "n/a" or "none" if not applicable *(make any future changes in writing)*

<u>Name</u>	<u>Address (include complete street address, city, state, zip)</u>	<u>Daytime Telephone(s)</u>

Special Instructions for reaching parent(s) at work in case of your child's illness, in an emergency, or in case of exposure to a notifiable communicable disease. List which person should be notified first:

Other relative(s) or person(s) to contact in an emergency when neither parent can be reached:

Name _____ Telephone(s) _____ Relationship _____

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Physician or primary health source to contact in an emergency:

Name _____ Telephone _____

Street/City _____ State/Zip Code _____

It is your responsibility to provide the preschool with proof that your child has had required immunizations or to provide a signed affidavit against immunizations. **Written proof of immunizations must be given to the preschool within 30 days of enrollment.**

My child has the following special need(s): **NO YES** Circle One (explain below)

The following special accommodation(s) may be necessary to most effectively meet my child's needs while at OPA: **NONE YES** (circle one) (explain below)

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness; allergies (i.e. food, drug, bee stings) or health concerns. **NONE YES** (circle one) Please list and describe symptoms and treatment required:

Describe eating habits such as food likes and dislikes and/or feeding schedule and formula for child younger than 12 months: (see attached infant feeding plan)

Describe your child's nap time habits: _____

Describe you child's toilet and hygiene habits: _____

Children wash their hands after toileting and before meals; we encourage these habits at home.

Is there any other special information that is important to your child's care? If so, explain: _____

Parent/Guardian Signature

Date

Director/Assistant Director Signature

Date