

# Take Flight Early Education Preschool Enrollment

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Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F  
Child's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

## Parent's Information

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Which is best to use during school hours? \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Which is best to use during school hours? \_\_\_\_\_

Person Who has Legal Custody of the  
child \_\_\_\_\_

## Emergency Information

Allergies, intolerance to food, or any special  
need \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_

Any Person Authorized to pick up child (must show photo ID)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agreements

Parent/Guardian authorizes Rachel Wheeler to obtain immediate medical care if an emergency occurs.

Parent/Guardian agrees to pay tuition from September 2016-May 2017 by the 1<sup>st</sup> day of each month their child attends school.

Pre-K (4-5) Monday-Thursday 9:15-12:00 --- \$250/mo \_\_\_\_

Preschool (3-4) Mondays and Wednesdays 1-3:15 ---\$125/mo \_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date