Norwood District Preschool
1215 West Summit P.O. Box 448
Norwood CO. 81423
(979) 327-4336 ext. 138

Prime Time Early Learning Center Enrollment and Norwood District Preschool Form

This only affects children who are ages 3 to 5 years
Please circle am/pm for Ms. Robin's and or am/pm for Prime Time Preschool

AM/ PM- Ms. Robin & Ms. Jessica AM/PM- Prime Time

Enrollment Date: __________________ Classroom: ________________________

Child's Full Name: ___________________________________ Nickname: _______________

Date of Birth: _____________________ Age: ______ Gender: ____

Physical Address: ____

Mailing Address: ____

Mother/Guardian: ____

Address if **different** from children: ____

Zip: __________ Home Phone: ____________________ Cell Phone: __________________

Email: ____

Name of Employer: ____________________________ Work Phone: __________________

Employer Address: ____

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Father/Guardian: ____

Address if **different** from children: ____

Zip: __________ Home Phone: __________________ Cell Phone: __________________

Email: ____

Name of Employer: ___________________________ Work Phone: _________________

Employer Address: ____ _

***Special instructions for reaching parent/guardian**:

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Emergency Contacts

Emergency Contact: Please list someone other than yourself who **lives in the area**. We will always try to contact you first.

1. Name: __________________________________Home Phone: ___________________

Address: ____

Work Phone: ____________________________ Cell Phone: _____________________

Relationship to child: ______________________

2. Name: ______________________________________ Home Phone:_______________

Address: ____

Work Phone: ____________________________ Cell Phone: ____________________

Relationship to child: ______________________

Child Pick Up Information

Authorized Pickup List: Please list all person(s) who are authorized to take your child from the center. Person(s) not listed here will not be allowed to take your child from the center. Either of the child's parents may pick up the child unless legal documentation is on file at the center stating that a parent does not have a legal right to take the child.

1. Name: _____________________________ Home Phone: ________________________

Address: _____________________________ Cell/Work Phone: _____________________

2. Name: _____________________________ Home Phone: ________________________

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Address: ______________________________ Cell/Work Phone: ______________________

3. Name: ______________________________ Home Phone: _________________________

Address: ______________________________ Cell/Work Phone: ______________________

4. Name: ______________________________ Home Phone: _________________________

Address: ______________________________ Cell/Work Phone: ______________________

5. Name: ______________________________ Home Phone: _________________________

Address: ______________________________ Cell/Work Phone: ______________________

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Medical Information

Child's Doctor: ____ Phone: ________________

Address: ____

Child's Dentist: _______________________________________ Phone: _________________

Address: ____

Hospital of Preference: ____

Phone: __________________________ Address: _____________________________________

Chronic Medical Conditions: ____
Is your child fully immunized? _________ Completed immunization records must be provided on or before the first day the child is in care.

Food Allergies: ____
____
____

All Other Allergies: ____
____
____

Operations or serious injuries (dates):____

Is your child on any medications? ____

If yes, please describe: ____
____

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Physical Limitations: ___________________________ Please Describe: _______________
____
____

Dietary Limitations: ____________________________ Please Describe: _______________
____
____

Vision Limitations: ______________________ **Hearing Limitations**: __________________