

Today's Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

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# TYRONE TYKES

## *ENROLLMENT*

Name \_\_\_\_\_

Parent's names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Cell Phone \_\_\_\_\_

Program Preference ( ) MWTh-am ( ) MW-am ( ) TTh-am ( ) other

### ***EMERGENCY CONTACT INFORMATION***

Mother's occupation \_\_\_\_\_

Work phone \_\_\_\_\_

Father's occupation \_\_\_\_\_

Work phone \_\_\_\_\_

1st Contact person \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

2nd Contact person \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

Additional Contacts to whom child may also be released:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Allergies or Special Needs ( ) NO ( ) YES - Please Explain

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

Child's Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Co. & policy info \_\_\_\_\_