



**Desert Blossom**  
**PRESCHOOL**

## 2020/2021 Enrollment Form *\*updated 2/13/20*

***Deadline to return paperwork and \$150.00 enrollment check: February 28, 2020***

Check those that apply:

- |   |   |   |
|---|---|---|
| Morning Preschool<br>8:00am-12:00pm                   | Morning (24-36 mos)<br>8:00am-12:00pm                 | Full Day<br>7:00am - 4:30 pm                          |
| <input type="checkbox"/> Tues/Thurs<br>\$315/month    | <input type="checkbox"/> Tues/Thurs<br>\$400/month    | <input type="checkbox"/> Tues/Thurs<br>\$420/month    |
| <input type="checkbox"/> Mon/Weds/Fri<br>\$445/month  | <input type="checkbox"/> Mon/Weds/Fri<br>\$525/month  | <input type="checkbox"/> Mon/Weds/Fri<br>\$575/month  |
| <input type="checkbox"/> Monday-Friday<br>\$715/month | <input type="checkbox"/> Monday-Friday<br>\$790/month | <input type="checkbox"/> Monday-Friday<br>\$890/month |

***Interest in Summer Camp 2020***

Comments: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Full address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's place of work: \_\_\_\_\_ Work number: \_\_\_\_\_

Father's place of work: \_\_\_\_\_ Work number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Number: \_\_\_\_\_

## Other People Authorized to Pick-up your Child

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Are your child's immunizations up to date? Yes ( ) No ( )

If no please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any known health problems? Yes ( ) No ( )

(If yes please attach documentation)

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions?: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken: \_\_\_\_\_

\_\_\_\_\_

Please comment on any other medical information/ or special need we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Desert Blossom staff to obtain the following services for my child if necessary: Public health nurse, Physician or Ambulance in the event of an emergency (ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use

Enrollment Fee attained \_\_\_\_\_ Check # \_\_\_\_\_