



# O'LOUGHLIN PRESCHOOL ENROLLMENT FORM 2010-2011

Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_  
Last
First
Middle

Address of Pupil \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F (Circle)

Name of Siblings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Name of Parents/Guardian:**

Proof of current Immunization is required before entering school  
 Proof of current Physical is required before entering school

\_\_\_\_\_ \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_ \_\_\_\_\_  
Father's Place of Employment Mother's Place of Employment

\_\_\_\_\_ \_\_\_\_\_  
Father's Business Phone Mother's Business Phone

\_\_\_\_\_ \_\_\_\_\_  
Father's Cell Phone Mother's Cell Phone

Person 1 to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Person 2 to call in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Health Related Problems the School Should Know: \_\_\_\_\_  
 \_\_\_\_\_

