## ERDMAN PRESCHOOL AUTHORIZATION AND CONSENT FORM MA DEEC ENROLLMENT

	has been accepted into the following 2	
Program	Meeting Day & Time	Yearly & Monthly Tuition
	nnually, or may be paid in ten monthly installments o	
have read the school's philosophy and po	licies, and I agree to pay the tuition stated above and	I provide all requested information.
Child Information		
	Date of Birth	
	Age at Admission:	
	Identifying Marks:	
Sex: M or F Height: Weight:	Eye Color: Hair Color:	Skin Color:
Parent/Guardian Information		
l. Parent/Guardian Name:	Relationship to Child:	
Home Address:		
Reachable Phone Number:	Email Address:	
Business Name:	Business Address:	
	Hours at Work:	
2. Parent/Guardian Name:	Relationship to Child:	
	Email Address:	
	Business Address:	
	 Hours at Work:	
Additional Information		
	Phone Number:	
Allergies/Special Diets?		
	onic health condition? Please circle Yes or No If Y	/es. please attach.
	nd restraining orders pertaining to the child? Please	
	for more space:	
	on walking trips in the school area, include	
	I understand that I will be notified in advance and n	
ransportation by car or bus. Parent/Guard	dian Signature	Date
	e-mail	
	on class lists to facilitate communication am	nong parents and guardians.
The school has permission to submit pict	ures of my child involved in school activities to local	newspapers.
Parent/Guardian Signature	Date	<u></u>
<b>-</b>	s of my child involved in school activities for the web ordian Signature	·
	elease my child to the following (other than parents)	
= · · · · ·	NameName_	
	Address	
	Neiduliship to tillu	
	 Telephone #	

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