CECC Coventry Early Childhood Center, Inc.

naeyc Accredited

Preschool Enrollment Form

Child's Name: _____ _____ _____
(Last) (First) (MI)
Date of Birth: _____ (mm/dd/yyyy) Age: _____
Ethnicity: Asian___ Black___ Caucasian____ Hispanic____ Other_____ Sex: M F (circle)

Father: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home Phone: (___)_____Cell Phone: (_____) _____
Email Address: _____
Employer: _____
Employer Address: _____City: _____ State: ____ Zip Code:_____
Employer Phone: (____)_____

Mother: _____
Address: _____City: _____ State: ____ Zip Code: _____
Home Phone: (___) _____ Cell Phone: (___) _____
Email Address: _____
Employer: _____
Employer Address: _____City: _____ State: ____ Zip Code: _____
Employer Phone: (___) _____

Family Information

Sibling's Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Previous Preschool or Daycare Experiences

School/Day Care Provider	Days	Times	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I authorize all staff employed through CECC access to all information in my child's file including: health, personal, and academic information.

_____ _____
Signature Date

Please complete program selection on reverse side

Does your child have any allergies? ☐ **Yes** ☐ **No**
If yes, you will be mailed the appropriate allergy forms to be completed by you and your child's pediatrician.

Applying for School Readiness Program ☐
** *Please review Readiness Form & Income Guidelines for more information.*

Lunch Bunch – Please check if you are interested ☐
** *Extra hour @ $10/day (11:00 – 12:00 PM)*

Date App. Received: _____
Program Placement: _____
Registration Fee: _____
Date Entered Program: _____