



811 E. Main St., Branford, CT 06405  
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[http://www.gbgm-umc.org/  
umcbranford/learnplay.html](http://www.gbgm-umc.org/umcbranford/learnplay.html)

## Enrollment Form

Child's first and last name \_\_\_\_\_  
Child's home address \_\_\_\_\_  
Town \_\_\_\_\_ CT. Zip \_\_\_\_\_  
Child's date of birth \_\_\_\_\_ My child's first day will be \_\_\_\_\_

Mother's first and last name \_\_\_\_\_  
Mother's address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
Mother's place of business \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Father's first and last name \_\_\_\_\_  
Father's home address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
Father's place of business \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Parent's marital status (circle one)    Single    married    separated    divorced  
Custody/Visitation Rights (circle one)    not applicable    papers attached  
Names and ages of siblings' \_\_\_\_\_  
Is your child adopted?    Yes    No    Does he/she know?    Yes    No  
Identify your child's allergies or special needs \_\_\_\_\_  
Child's physician or health care provider \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Designate two responsible persons, other than the child's parents listed on this form, who have permission to remove this child from Learn & Play Preschool and who can be used by Learn & Play Preschool as Emergency Contacts when parents can not be reached.**

First & Last Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
Home Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First & Last Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
Home Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director's Signature \_\_\_\_\_ Date \_\_\_\_\_