



Duluth Preschool of Fine Arts

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Duluth, MN 55806

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ENROLLMENT FORM

Today's Date: _____

Starting Date: _____

Child's Name: _____

Birth Date: _____

Mother's Name: _____

Mother's Address: _____

Mother's Phone(s): Home: _____ Cell: _____

Mother's Employer: _____ Phone: _____

Father's Address: _____

Father's Phone(s): Home: _____ Cell: _____

Father's Employer: _____ Phone: _____

Child lives with: _____ **Both**
_____ **Single Parent** (please name): _____
_____ **Other** (please name): _____

How can parents be reached? _____

Two persons who will assume emergency responsibility for your child if you cannot be reached:

name	address	phone	relationship
_____	_____	_____	_____
_____	_____	_____	_____

Regular source of medical care:

Doctor: _____

Sources of emergency medical care:

Doctor	Clinic/Hospital Address	phone
_____	_____	_____
Dentist	Office/Clinic Address	phone
_____	_____	_____

Who is authorized to pick up your child?

name	relationship	address	phone
_____	_____	_____	_____
_____	_____	_____	_____

Who is not authorized to pick up your child? _____

Are there any special health needs the staff should be aware of? _____

Allergies: _____

What are your child's favorite activities? _____

What do you wish your child to derive from his/her experience with us?

Is there any other information about your child that would be helpful for our staff to know so that we can take better care of your child? _____

Permission Form for _____ **Dated:** _____
In case of a medical emergency, I understand that my child will be transported to _____
by the local emergency unit for treatment, at my expense, if the local emergency resource (Police,
Rescue Squad) deems it necessary.
It is understood that in some medical situations, the staff will need to contact the local emergency
resource before the parent, child's physician and/or other adult acting on the parent's behalf.
Parent: _____ **Dated:** _____

I give permission for my child to participate in field trips during operating hours. Details will be sent to me
in advance of each trip.
Signature of parent or guardian: _____ **Dated:** _____

I do ___ I do not _____ give my permission for my child to be photographed in the program, program
functions and field trips and the photographs to be displayed. I understand that the photographs may be
taken by school staff, professional photographers, news media or other parents. I understand that I will be
notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.
Signature of parent or guardian: _____ **Dated:** _____

Syrup of Ipecac
Ipecac is a drug extracted from the Ipecacuana plant of South America. It is a natural irritant to the
stomach which safely induces vomiting in twenty minutes. If a poison has accidentally been injected, it
may need to be removed to prevent absorption.
In the event of an accidental ingestion, I understand that the staff will contact the Poison Control Center. I
give my permission for the staff to administer Syrup of Ipecac to my child if directed to do so by the
authorities at Poison Control.
Signature of parent or guardian: _____ **Dated:** _____



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