



## Tiny Town Preschool Enrollment Application for 2026-2027

Child's Name \_\_\_\_\_

Goes by \_\_\_\_\_

Birthday & Year \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Mom \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Mom's email \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Dad \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Dad's email \_\_\_\_\_ Work Phone \_\_\_\_\_

Hospital Preference should an emergency arise \_\_\_\_\_

Emergency Contact (besides a parent) \_\_\_\_\_ Number \_\_\_\_\_

Relationship to child \_\_\_\_\_ How many days of week will your child be attending \_\_\_\_\_

### **My child's developmental stage is**

Wears diapers \_\_\_\_\_ Wears pull-ups \_\_\_\_\_ Tried but has no desire \_\_\_\_\_

Goes off & on in potty but still working on it \_\_\_\_\_ Fully potty trained \_\_\_\_\_

Food allergy or any type of other allergy we need to be aware of such as latex or medical concerns such as possible seizures or asthma.

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**Please list all people that MAY pick your child up from school besides the ones on the front:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Please List People that may NOT pick your child up from school:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Does your family attend church regularly? YES or NO (circle one)

If so, where \_\_\_\_\_

Circle one: I allow or I don't allow

my child to be in preschool pictures that will be posted on the preschool Facebook page and/or preschool website.

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**I have read the parent handbook and agree to abide by all policies and procedures of Tiny Town Preschool which is a ministry of West Side Free Will Baptist Church. Please reach out if you need an extra emailed copy for your own records. Thank you.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_