



Flemington Presbyterian Preschool
 10 East Main Street
 Flemington, NJ 08822
 908-782-8166
 fppnjinfo@gmail.com

Enrollment Agreement

Date of Enrollment _____

Child's Name _____ Date of Birth _____ Sex _____

Address _____

Father's Name _____ Mother's Name _____

Has your child had any of the following conditions? What Year?

Measles _____	Mumps _____	Heart Disease _____
Chicken Pox _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Poliomyelitis _____	Pneumonia _____
Diphtheria _____	Diabetes _____	Intellectual Disability _____
Rheumatic Fever _____	Hernia _____	
Epilepsy _____	Otitis media _____	

Allergies (food, bee stings, others) _____

***** PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD *****

EMERGENCY MEDICAL TREATMENT

This permit will only be used in extreme emergencies when a parent cannot be reached to sign a hospital form or give permission for medical care. Both parents must sign.

I hereby grant permission for the performance of such medical treatment as is deemed necessary for my child.

 Father's signature

 Date

 Mother's signature

 Date

 Guardian's signature

 Date

PLEASE COMPLETE INFORMATION BELOW

How did you hear about Flemington Presbyterian Preschool? _____

What would you like your child to gain at Flemington Presbyterian Preschool this year? _____

Is there any other information we should know that would help us understand your child? _____

It is beneficial to the school to receive publicity about our programs or events. Publicity provides positive recognition for FPP and it helps us attract future students. Please let us know your wishes.

____ I agree to let FPP use my child's photo for publication on the FPP newsletter, FPP website, FPP Facebook page, and local newspaper.

____ I do not agree to let FPP use my child's photo for publication on the FPP newsletter, FPP website, FPP Facebook page, and local newspaper.

Please list emergency contact information. We will use this for contact during the school day and in case of an unscheduled school closure.

Name _____ Cell Phone _____

Name _____ Cell Phone _____