



# The Gingham Giraffe Preschool & Kindergarten

## Enrollment Form 2026-27

Child's First & Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Days Attending \_\_\_\_\_ SP/ACHIEVE/3 O'Clock? (circle) Check here for Summer Camp Only \_\_\_\_\_

Potty Trained? Y / N Address: \_\_\_\_\_

**Preferred** Phone In Emergency: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Persons other than Parent(s) authorized to pick up child and/or contact in case primary caregivers are unavailable.

**(GEOGRAPHICALLY CLOSE)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Info: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event of a medical emergency, I authorize the staff of The Gingham Giraffe Preschool to seek medical care for my child if deemed necessary.

Parent/Guardian Initial \_\_\_\_\_ Date: \_\_\_\_\_

I have received a Parent Handbook which contains all School Policies and the NJ Information to Parents statement. I agree to comply with all current Health Guidelines in order to provide a safe environment for everyone on site. I also agree to support the Gingham Giraffe through tuition payments.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_