



Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356
(508) 230-7445

Enrollment Packet Face Sheet

Child's Full Name: _____	Home Phone: _____
Street: _____	Age as of Sept. 1 st _____
City, State, Zip: _____	Date of Birth: _____
Child's Primary Language(s) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Parent/Guardian Name: _____	Relationship to Child: _____
Place of Employment: _____	Work Phone: _____
Street: _____	Cell Phone: _____
City, State, Zip: _____	Alt. Phone: _____

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Place of Employment: _____	Work Phone: _____
Street: _____	Cell Phone: _____
City, State, Zip: _____	Alt. Phone: _____

Siblings:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Field Trip Consent:

I give permission for my child to be taken on community field trips in Easton. I understand that I will be given advance notification before each trip.

Signature Date

Photo Release Consent:

I agree to permit Easton Learning Adventures Preschool to take pictures of my child as part of school activities and to allow the use of these photos for school projects, the school's website and other publicity purposes.

Signature Date

I agree to inform the school in writing if any of the above information changes throughout the school year.

Signature Date