



703 Powell Drive
 Niceville, FL 32578
 850.729.0010
 850.651.6394

Ages 3,4 & 5 • Monday - Friday

Preschool Enrollment

Child's Full Name _____

Name Used _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Home Phone _____

Father's Name _____ Business Phone _____

Occupation _____

Mother's Name _____ Business Phone _____

Occupation _____

Other Children in Household

Name	Age
_____	_____
_____	_____
_____	_____

Other Adults in Household

Name	Age
_____	_____
_____	_____
_____	_____

Child's Previous Preschool Experience

Name of School	How long did they attend?
_____	_____
_____	_____
_____	_____

Special condition that should be aware of: (Health Problem, Allergies, Likes or Dislikes)

_____	_____
_____	_____
_____	_____
_____	_____

Person Authorized to take Child from School

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ Phone _____

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ Phone _____

Name _____
Address _____
City _____ State _____ Zip _____
Relationship _____ Phone _____

Physician:

Name _____
Phone _____

Person who can assume responsibility for a child if parent cannot be reached:

Name _____
Phone _____

Statement of Cooperation

I certify that the information, I have given on this form and the family information form is correct. I accept responsibility for the financial arrangements indicated the A.G.C.E.C. financial information. I pledge my full cooperation to A.G.C.E.C. in the education, training, permission for my child to take part in all school activities, sports activities, water related activities and school-sponsored trips away from the school premises there will be notice given. I understand A.G.C.E.C. expects students to conduct themselves in conformity to scriptural standards. A.G.C.E.C. reserves the right to suspend or dismiss any students who fails to meet academic or behavior standards. Should I take any legal action against A.G.C.E.C. or any employee or agent thereof on behalf of my child or myself individually, and there is a judgment in favor of the school or its agent, I agree to pay any attorney fees, court fees, damages or other costs that A.G.C.E.C. or its agent should incur to defend against such action.

Note Any Exception _____

Print Name _____

Signature _____

Date _____ *last four SS#* _____

Notary's Signature _____