

**CALHOUN COUNTY CAREER TECHNICAL CENTER  
STUDENT-OPERATED PRESCHOOL PROGRAM  
APPLICATION FOR ENROLLMENT**

**Please note that space is limited. Submitting an application does not guarantee enrollment in the program or a seat in a specific session. For more information, please contact Amy Maniscalco at 256-741-4626.**

Name of Child:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Age:
Address:	
Home Phone:	Email:

Father's Name:	Place of Employment:
Cell Phone:	Work Phone:

Mother's Name:	Place of Employment:
Cell Phone:	Work Phone:

Additional persons to contact in case of emergency:

Name:	Phone:
Name:	Phone:

Please list any significant health problems or food allergies (explain any circumstances such as allergies, diabetes, seizures, or other factors of which we should be aware in order to care for your child:

List the names of persons who may pick up your child. Only those listed may pick up your child. Identification will be required.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

I, the parent or guardian, do hereby release the Calhoun County Career Technical Center and the Early Childhood Education teacher for any liabilities in case of an accident pertaining to my child while in school. I understand that my child's image may be used in promotional materials for the school and the program including social media, the school website, brochures, etc.

Parent/Guardian Signature:	Date:
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**CALHOUN COUNTY CAREER TECHNICAL CENTER  
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MEDICAL RELEASE**

Name of child:	
Name of child's physician:	
Health insurance provider:	Policy number:

Please list any significant health problems or food allergies (explain any circumstances such as allergies, diabetes, seizures, or other factors of which we should be aware in order to care for your child:

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I give my permission for the Early Child hood Education teacher or her agent to administer minor first aid to my child (for minor cuts, scrapes, bruises, etc.)

Parent/Guardian Signature:	Date:
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I give my permission for the Early Childhood Education teacher or her agent to authorize emergency medical procedures for my child.

Parent/Guardian Signature:	Date:
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