

# 2026– 2027 CHILDREN’S PLACE PRESCHOOL ENROLLMENT FORM

Age as of Sept 1, 2026 \_\_\_\_\_ (please provide age in months if under 3)

Child’s Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Name called by \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
Mother’s Name \_\_\_\_\_ E Mail Address: \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \*Cellphone provider \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Work# \_\_\_\_\_  
Father’s Name \_\_\_\_\_ E Mail Address: \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cellphone provider \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Work # \_\_\_\_\_  
Who is the legal guardian of the above child? \_\_\_\_\_ Lives with: \_\_\_\_\_  
Child’s Local Physician (required) \_\_\_\_\_ Physicians Phone # (required) \_\_\_\_\_  
Physician’s address (required) \_\_\_\_\_  
Does your child have any allergies or other concerns we need to know about? No \_\_\_\_\_ Yes \_\_\_\_\_ (Describe below, if yes)

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident or emergency and have permission to pickup this child from Children’s Place, if necessary. (write additional names to the back)  
**Children & Family Services requires AT LEAST ONE LOCAL contact – please confirm at least 1 local contact address on the list.**

Name	Address	Relationship	Phone#

Yes \_\_\_ No \_\_\_ May we include your family address, email and/or phone number on our class rosters to share?  
Yes \_\_\_ No \_\_\_ Do you currently attend church services at Gulf Breeze United Methodist Church?  
Yes \_\_\_ No \_\_\_ Can your child be included in pictures on the school’s Web Site/Social Media pages?  
Yes \_\_\_ No \_\_\_ Can your child be in a photo taken by a member of the Media (Pensacola News Journal, Gulf Breeze News)?  
I will read a copy of the brochure “Know Your Childcare Facility”, CP Parent Handbook, “The Flu: A Guide for Parents”, the Children’s Place disciplinary practices, snack/food policies and “Distracted Adults”. (All found on our website: <https://www.gbumc.org/childrens-place>)  
I will provide a **Florida Well Child Physical Examination form and Florida Immunization Record of my child within 30 days of registration and keep these forms updated.** (Forms available from local physicians or Health Department.) I understand that in case of emergency, my child will be transported/treated by EMS. I provide consent for Children’s Place Personnel to have access to my child’s records.  
**-I must keep a Tuition Express payment form on file with the Children’s Place Office. \*ALL FEES ARE NON-REFUNDABLE**  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*Cell Provider needed to send out mass texts to preschool families\*