

# Clinton Prairie Elementary School

2500 South County Road 450 West Frankfort, Indiana 46041

Telephone: (765)654-4473 Fax: (765)659-9560

Clint Wilson  
Principal

Emily Welch  
Assistant Principal

Stephanie Kozuch  
Counselor

Clarice Good  
Secretary

Linda Minth  
Treasurer

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## Preschool Program Enrollment Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Male \_\_\_ Female \_\_\_ Name child likes to be called: \_\_\_\_\_

Guardian (1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Guardian (2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Names and Ages of Siblings:

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Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child taking any medications, including those taken at home? If so please explain  
(This information is important for us to have in case of an emergency)

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Check the Following which Pertain to your Child:

General Health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Wears Glasses \_\_\_\_\_ Asthma \_\_\_\_\_ Hearing Difficulty \_\_\_\_\_ Seizures \_\_\_\_\_

Left Handed \_\_\_\_\_ Diabetic \_\_\_\_\_ Heart Murmur \_\_\_\_\_ Frequent Nose Bleeds \_\_\_\_\_

Other \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

If any of the above are checked, please indicate any accommodations or treatment that may  
be necessary while at school: \_\_\_\_\_

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Is your child potty trained? \_\_\_\_\_ (This is a requirement for preschool.)