

Enrollment Form for 2010 – 2011
Cross of Christ Lutheran Preschool and Kindergarten
12099 Lowell Blvd
Broomfield, Colorado 80020
303-469-1574

Child's Name (Please print) _____ (Please circle) Boy or Girl
Date of Enrollment _____ Birthdate _____

Mother or Guardian's Name _____
Home Phone # _____ Cell Phone# _____
Address _____
(Include City, State, Zip Code)

Email Address _____
Place of Employment _____
(Include Work Phone #)

Employment Address _____
(Include City, State, Zip Code)

Father or Guardian's Name _____
Home Phone # _____ Cell Phone # _____
Address (if different from child) _____
(Include City, State, Zip Code)

Place of Employment _____
(Include Work Phone #)

Employment Address _____
(Include City, State, Zip Code)

If neither parent nor guardian can be reached in case of emergency, call:

Name _____
(Relationship to child)
Home Phone# _____ Cell Phone # _____
Address _____
(Include City, State, Zip Code)

Child's Doctor _____
Address _____
Phone # _____
(Include City, State, Zip Code)

Child's Dentist _____
Address _____
Phone # _____
(Include City, State, Zip Code)

Hospital of Choice:

- _____ North Suburban Medical Center: 9191 Grant St. Thornton, CO 80229; 303.451.7800
- _____ St. Anthony's North: 2551 W. 84th Ave. Westminster, CO 80031; 303.426.2151
- _____ Exempla Good Samaritan: 200 Exempla Cir. Lafayette, CO 80026; 303.689.4000
- _____ Avista Adventist: 100 Health Park Dr. Louisville, CO 80027; 303.673.1111
- _____ Children's Hospital: 469 State Hwy 7. Broomfield, CO 80023; 720.777.1340
- _____ Other _____

My child has a life-threatening allergy to _____.
I will/will not be bringing in an epipen for my child.