

# KENNESAW MOUNTAIN NATURE PRESCHOOL

1572 Greers Chapel Rd NW  
Kennesaw, GA 30152  
(678) 224-1595  
[angie@kmmnaturepreschool.com](mailto:angie@kmmnaturepreschool.com)



APPLICATION FOR ENROLLMENT			
Select Program:	<input type="checkbox"/> 5 Days (M-F)	<input type="checkbox"/> 3 Days (MWF)	<input type="checkbox"/> 2 Days (T-TR)
CHILD INFORMATION			
Name:			
Date of birth:			
Current address:			
City:	State:	ZIP Code:	
Previous Child Care (Name and duration):			
PARENT 1 INFORMATION			
Name:			
Current address (If different):			
City:	State:	ZIP Code:	
Current employer/Business Name:	Type of Business:	How long?	
Phone:	E-mail:		
City:	State:	ZIP Code:	
Position/Title:			
PARENT 2 INFORMATION			
Name:			
Current address (If different):			
City:	State:	ZIP Code:	
Current employer/Business Name:	Type of Business:	How long?	
Phone:	E-mail:		
City:	State:	ZIP Code:	
Position/Title:			

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## APPLICATION FOR ENROLLMENT

### CHILD'S MEDICAL

Physician Name:

Phone:

Known medical conditions, allergies, or dietary restrictions:

### EMERGENCY CONTACT

Name

Relationship

Phone

1.

2.

3.

### LIABILITY WAIVER

I understand that there are risks which naturally occur whenever children are playing outside. I release Angelia Jenkins, Kennesaw Mountain Nature Preschool and its teachers, and Kennesaw Mountain Preschool, LLC and its Board of Directors from any liability for injuries that might occur while my child is attending Kennesaw Mountain Nature Preschool. My child is in good physical health and I will provide appropriate clothing for the weather.

### SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse:

Date: