

**Firstart Preschool**  
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Today's date \_\_\_\_\_ starting date \_\_\_\_\_  
How did you hear about our center? \_\_\_\_\_

**Door Access ID**

Family Id (4 numbers) \_\_\_\_\_  
Xxxx1 \_\_\_\_\_ xxxx2 \_\_\_\_\_  
Xxxx3 \_\_\_\_\_ xxxx4 \_\_\_\_\_

**Basic family information:**

Child's full name \_\_\_\_\_ Birth date \_\_\_\_\_

Parents/Guardian name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employers name/Address \_\_\_\_\_

email address \_\_\_\_\_

Parents/Guardian name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employers name/Address \_\_\_\_\_

email address \_\_\_\_\_

Child lives with \_\_\_\_\_

**Child's siblings:**

Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_

**Additional pick up people and Emergency contact information** (other than parents or guardians)

Please list only the names of people we can call in an emergency and/or those who are able to pick up your child when you are unable.

Name \_\_\_\_\_ relationship \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

Address \_\_\_\_\_

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**Child's full name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Acknowledgment**

I have received and understand the policies listed in the parent handbook, including but not limited to: lunch and food policies, behavior management policies, communication, health, and the tuition policy. I understand that tuition must be pre-paid and any unpaid balance is subjected to late fees and un-enrollment. Any account taken to a collection agency for payment will be charged for any fees accrued by such collection agency.

Parents signature \_\_\_\_\_ date \_\_\_\_\_

**Sunscreen permission**

I, \_\_\_\_\_ give FirSt<sup>art</sup> Preschool permission to use \_\_\_\_\_ (type) of sunscreen on my child to help prevent sunburns. Sunscreen will be put on the child 10 minutes before going outside.

Parents signature \_\_\_\_\_ date \_\_\_\_\_

**Emergency permission form**

I \_\_\_\_\_ (parents full name) place my child in the care of FirSt<sup>art</sup> Preschool at 625 S. 8<sup>th</sup> Ave. Brighton, Colorado 80601, whose phone number is 303-659-1202. I understand that in the event of an emergency every attempt will be made to contact me. Should an emergency arise and I am unable to be reached immediately, I hereby give permission for FirSt<sup>art</sup> Preschool to seek immediate medical attention for my child in the manner as they deem necessary. This may include transportation by ambulance or by personal staff transportation to Platte Valley Hospital with whomever the on-call doctor might be.

**Insurance company** \_\_\_\_\_

**Subscriber Name** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

*Please provide a copy of your insurance card.....front and back*

Parents emergency information
Name _____
Work # _____
Cell # _____
Home # _____

Parents emergency information
Name _____
Work # _____
Cell # _____
Home # _____

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Child's full name \_\_\_\_\_ birth date \_\_\_\_\_

**Medical information:**

Dentist \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Please write Frequent (F), Occasional (O), or Not applicable (N)

High fever _____	Stomach aches _____	Ear infections _____
Allergies _____	Respiratory infections _____	Asthma _____
Headaches _____	Stops breathing _____	

Allergies/reactions/treatment \_\_\_\_\_

Major illnesses/Accidents \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Speech or motor development \_\_\_\_\_

Vision or hearing problems \_\_\_\_\_

Identifying birthmarks \_\_\_\_\_

Eating habits \_\_\_\_\_

Sleeping habits \_\_\_\_\_

**Health exam**

*To be signed by the child's physician*

Date of last exam \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_ phone number \_\_\_\_\_

Are this child's immunizations current? \_\_\_ *Please return a current immunization card*

Foods/Dietary restrictions \_\_\_\_\_

Is this child currently taking any medications? \_\_\_\_\_ (If **Firstart** Preschool is to give a child any medication, a Medication form must be filled out by the doctor and signed before medication can be given)

Allergies \_\_\_\_\_

Child's allergic reaction(s) \_\_\_\_\_

Treatment for allergic reaction \_\_\_\_\_

*If a child requires medication or an epi-pen to control allergies, the physician must fill out an  
allergy medication plan.*

Physical conditions or limitations \_\_\_\_\_

**Physicians signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parents signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Tell us about your child:**

What do you consider your child's strengths to be? \_\_\_\_\_

\_\_\_\_\_

Tell us about your child's personality \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite things, foods etc... \_\_\_\_\_

\_\_\_\_\_

Tell us about any fears your child has \_\_\_\_\_

\_\_\_\_\_

Tell us about discipline techniques used at home \_\_\_\_\_

\_\_\_\_\_

**Previous Preschool Experience**

Tell us about any past preschool/childcare experience you and your child have had. Tell us what you liked and what you would like to change. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your wishes**

What goals do you have for your child in the coming year?

Socially \_\_\_\_\_

\_\_\_\_\_

Academically \_\_\_\_\_

\_\_\_\_\_

Physically \_\_\_\_\_

\_\_\_\_\_

Spiritually \_\_\_\_\_

\_\_\_\_\_

**Commitment to learning**

As a parent of FirSt<sup>art</sup> Preschool, I agree to participate in my child's learning by partnering with my child's teachers and by communicating with them regarding my child's progress and well-being. I understand that the staff at FirSt<sup>art</sup> Preschool do continuous evaluations of every child to monitor each child's progress and to more efficiently plan classroom instruction. I understand that if I ever have any concerns, I and welcome to bring those concerns to the teacher or director immediately and will do so to discuss and resolve the situation.

\_\_\_\_\_

Parents signature

\_\_\_\_\_

date