



STUDENT ENROLLMENT FORMS

Program: The Methodist Preschool

FOR CENTER USE: Date of Admission _____

Age at Admission _____

Child's Name: _____ Date of Birth: _____

Home Address: _____ Hair Color: _____ Height: _____

_____ Sex: Male__ Female__ Weight: _____

Telephone#: _____ Eye Color: _____ Skin Color: _____

Place of Birth: _____ Primary Language: _____

Identifying Marks: _____

Names of other family members: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Reachable Phone#: _____

Reachable Phone#: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Business Phone#: _____

Business Phone#: _____

Hours at Work: _____

Hours at Work: _____

Parent Signature: _____ **Date:** _____

MPS

FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in The Methodist Preschool program trained in the basics of first aid to give my child first aid when appropriate and will hold the staff/program harmless for any accidental problems that may occur as a result. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician: _____

Address: _____ Phone Number: _____

Health Insurance Coverage: _____ Policy #: _____

Allergies/Special Diets: _____

Chronic Health Conditions, Special Limitations or Concerns: _____

Individual Health Care Plan for child with a chronic health condition? Y__N__ If yes, please attach or see Preschool Director for a form.

Copies of any custody agreements, court orders and restraining orders pertaining to the child? Y__N__
If yes, please attach.

Emergency Contacts (in order to be contacted)

Name: _____ Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes__ No__

Name: _____ Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes__ No__

Name: _____ Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes__ No__

Name: _____ Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes__ No__

Parent Signature: _____ **Date:** _____

MPS

TRANSPORTATION AUTHORIZATION AND PERMISSION FORM

Child's Name: _____

Transportation Plan (please check all that may apply during the year)

My child will arrive at the program:

parent drop off supervised walk private trans. arranged by parent

My child will depart from the program:

parent pick up supervised walk private trans. arranged by parent

Field Trips

I hereby give permission for my child to go for walks with their teachers (and parent volunteers when necessary) to nearby places within the community (i.e. nature walks). Only Pre-K classes may go on supervised field trips transported in private vehicles by licensed drivers. All parents will be responsible for transporting their own children (or making alternate arrangements) to destinations predetermined by The Methodist Preschool.

Photographs

I hereby give permission for my child to be photographed participating in The Methodist Preschool program and possibly placed in preschool related and/or community based publications and websites such as Facebook. **No individual names will be published.**

Class List

I hereby give permission to The Methodist Preschool for my child's name, address, parents' names, phone number and email address to be placed on a class list and given to parents for the purpose of communication between parents (i.e. carpooling, get-togethers, birthdays, etc...). In addition, the Preschool staff, Preschool Board, and church staff will have access to these lists.

Parent Handbook

I have received, read and understand all of the information stated in the Parent Handbook, including but not limited to, tuition, the healthcare policy, inclement weather policy, the behavior management policy, food and allergy-related policy, etc.

I understand all of the statements listed on this sheet and therefore agree with and give permission to The Methodist Preschool for my chosen Transportation Plan, Field Trips, Photos and Class List and Parent Handbook:

Parent Signature: _____ **Date:** _____

MPS

DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date of Birth: _____

Developmental History

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____ Language spoken at home: _____

Special words to describe needs _____

Health

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____ Foods refused: _____

Toilet Habits

What is used at home? Diaper/pull-ups? _____ potty chair? _____ special child seat? _____ regular toilet seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use bathroom? _____ Does the child have accidents? _____

Sleeping Habits

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, etc) _____

Social Relationships

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc): _____

How do you comfort your child: _____

What is your method of behavior management/discipline at home: _____

What would you like your child to gain from this preschool/childcare experience: _____

Please describe your child's schedule on a typical day: _____

Is there anything else you would like us to know about your child? _____

Parent Signature: _____ **Date:** _____