



APPLICATION FOR PRESCHOOL ENROLLMENT

APPLICATION DATE _____

PLEASE PRINT CLEARLY

CHILD'S NAME _____ CIRCLE **M** OR **F**

CHILD'S BIRTHDAY (Month/Date/Year) _____

The following classes will be offered, but are subject to change depending upon enrollment. Please place a check mark beside the appropriate class for your child. (The birthday cut-off is August 31st).

_____ **2 YEAR OLD CLASS/3 DAYS** Tuesday -Thursday 9:00am-12:30pm
Tuition \$200/month
Registration/Materials Fee \$100/year

_____ **3 YEAR OLD CLASS/4 DAYS** Monday-Thursday 9:00am-12:30pm
Tuition \$210/month
Registration/Materials Fee \$110/year

_____ **4 YEAR OLD CLASS/4 DAYS** Monday-Thursday 9:00am-1:00pm
Tuition \$240/month
Registration/Materials Fee \$120/year

FAMILY INFORMATION

Mother/Guardian's Name _____

Cell Phone _____

Address _____

Home Phone _____

Where Employed _____

Business Phone _____

Email _____

Father/Guardian's Name _____

Cell Phone _____

Address _____

Home Phone _____

Where Employed _____

Business Phone _____

Email _____

CHILD'S INFORMATION

Likes: _____

Dislikes: _____

Names/Ages of Siblings: _____

Has your child had previous group experience? Please explain. _____

What would you like for your child to gain from our program? _____

What do you do at home to comfort your child if he/she is upset? _____

CHILD'S MEDICAL HISTORY

Is your child allergic to anything? ☐ No ☐ Yes If yes, what is your child allergic to? _____

Does your child have asthma? ☐ No ☐ Yes

If your child has allergies and/or asthma, do they have an epi-pen or inhaler? _____

(If such medications are needed, you will need to submit an allergy/asthma plan signed by your physician.)

Is your child currently under a physician's care? ☐ No ☐ Yes If yes, why? _____

Is your child currently on any continuous medications? ☐ No ☐ Yes If yes, what medication(s) and why?

Previous hospitalizations or operations? ☐ No ☐ Yes If yes, when and for what? _____

Any history of significant previous diseases or recurrent illnesses? ☐ No ☐ Yes

Diabetes? ☐ No ☐ Yes

Seizures? ☐ No ☐ Yes

Heart Trouble? ☐ No ☐ Yes

Others? _____

Does your child have any physical disabilities? ☐ No ☐ Yes If yes, please describe.

IMMUNIZATION RECORD

☐ **COPY OF CURRENT IMMUNIZATION RECORD ATTACHED TO THIS APPLICATION.** (Immunizations must be up-to-date in order for your child to be accepted into our program and a copy must be provided for enrollment to be complete.)

EMERGENCY CARE INFORMATION

Name of child's physician _____ Office phone _____

Address _____

Name of child's dentist _____ Office phone _____

Address _____

Hospital Preference _____ Phone _____

Insurance carrier _____ Policy # _____

ALTERNATE EMERGENCY CONTACTS

In the event of an emergency and neither parent can be reached, the following person(s) may be contacted:

Name _____ Cell Phone _____

Relationship _____ Home Phone _____

Work Phone _____

Name _____ Cell Phone _____

Relationship _____ Home Phone _____

Work Phone _____

Name _____ Cell Phone _____

Relationship _____ Home Phone _____

Work Phone _____

PERSONS ALLOWED TO PICK UP MY CHILD

If person(s) allowed to pick up your child are the same as the emergency contacts above initial here _____

If not, or if additional person(s) have permission to pick up your child, please complete the next section.

The following person(s) have permission to pick my child up from preschool (if different from emergency contacts)

Name _____

Cell Phone _____

Relationship _____

Home Phone _____

Work Phone _____

Name _____

Cell Phone _____

Relationship _____

Home Phone _____

Work Phone _____

Name _____

Cell Phone _____

Relationship _____

Home Phone _____

Work Phone _____

PHOTOGRAPHS

Discovery Church Preschool has my permission to photograph my child for the purposes of, but not limited to, display in teacher-made books, on bulletin boards, for art projects, in child portfolios, and for prospective parental viewing. I understand that these photographs are the property of Discovery Church Preschool and may be displayed at the church, on the church website or in its materials at any time. Please initial below.

___ I agree.

___ I do not agree.

SIGNATURE OF PARENT

- I hereby certify that all information provided on this application is valid and current. Any changes will be given to the Director and my child's teacher in a timely manner.
- In case of a serious injury or medical emergency, I understand that the Director will immediately call 911 while another staff member will contact me or the emergency contacts above to advise of the emergency.
- I understand that I or my designee must provide transportation for my child and accompany them to any off-site field trips.

Parent Signature _____ Date _____

How did you hear about Discovery Church Preschool?

___ Website ___ Other Explain _____

___ Friend/Relative