

Tabernacle Preschool

ENROLLMENT AGREEMENT

Today's Date _____

Class _____

Child's Name _____

Name Child goes by _____ Date of Birth ____/____/____ Sex _____

Parent's Relationship to Each Other: Married Divorced Separated Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with Mother and Father Mother Father Other _____

Father's Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

Mother's Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

Family religious preference _____ Church membership _____

How did you find out about Tabernacle Preschool? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Occupation _____ Employer _____ Work Phone _____

RELEASE OF CHILD

I authorize that my child, _____, be released by Tabernacle Preschool to the following persons, in addition to those already listed on this form:

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Signature of parent/guardian _____ Date _____

PERMISSION FORM

I give permission for my child, _____, to accompany his/her class and staff persons on field trips planned and authorized by the preschool. These will include neighborhood walks and trips to the public library in an authorized vehicle. A separate permission form will be given before any other off-campus field trip with details describing the trip.

Signature of parent/guardian _____ Date _____

Additional Permission:

Yes No Permission for pictures associated with preschool
Pictures are for preschool use only and will not be included in directory or posted on the internet. _____
(Initials)

Yes No Permission for address and phone number to be included in school directory
Directory is for teachers and preschool families only and will not be posted on the internet. _____
(Initials)

Yes No Permission for teacher evaluations _____
(Initials)

Signature of parent/guardian _____ Date _____

General Information for Classroom Planning

1. Does your child have any medical concerns that the preschool staff needs to be aware of? If so, please describe and include any medication.

2. Does your child have any allergies? If so, list what your child is allergic to and describe the allergic reaction.

3. Is your child potty trained? Describe any special instructions.

4. How do you reinforce your child for good behavior?

5. What works best for your child when he/she needs to be disciplined?

6. Has your child participated in an organized group setting before? If yes, when and where?

7. What are some of your child's favorite toys, games and activities?

8. Does your child have any fears that his/her teacher should know about?

9. Does your child have any brothers or sisters? Please include their names and ages.

Tabernacle Preschool

EMERGENCY MEDICAL CARE

Child's Name _____ Date of Birth _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Tabernacle Preschool staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care:

Dr. _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician's Group (if any) _____

Does your child have allergic reactions to any medicines? Please specify.

Special Instructions:

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card.)

Please print name of parent/guardian _____

Signature of parent/guardian _____ Date _____

State of _____ County of _____

This instrument was acknowledged before me on *(date)* _____ by

(Notary Seal)

(Signature of Notary Public)

(Commission Expires)

Tabernacle Preschool

PHYSICIAN'S STATEMENT

Child's Name _____ Date of Birth _____

Name of Physician _____

Physician's Address _____ Phone Number _____

City _____ State _____ Zip _____

To be completed by physician:

Is the child free from communicable disease? Yes No

Is the child able to participate in the preschool setting? Yes No

Is the child current on all immunizations? Yes No

List any medications and drugs taken regularly by the child.

Restrictions of activity:

Special attention or care needed:

Signature of physician _____ *Date* _____

Please attach a copy of the child's immunization record to this form.