

Tabernacle Preschool

ENROLLMENT AGREEMENT

Toddler Class

Today's Date _____

Class _____

Child's Full 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 walks to the public library. *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 and/or videos that include my child to be shown on the preschool's social media pages, website and at church events. _____
Children will not be individually identified. (Initials)

Yes No Permission for staff to apply mosquito repellent to my child before playing on the playground. _____
Due to the illnesses associated with mosquito bites, the preschool will provide a child-safe repellent for your child before outdoor activities. (Initials)

Signature of parent/guardian _____ Date _____

Child's Name _____

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 information regarding any medication taken by your child.

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

3. Does your child have a comfort item that helps with separation anxiety or when they are tired?

4. Does your child take a morning nap? What is your child's normal morning routine?

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

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

7. How do you reinforce your child's good behavior?

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

9. Do you have any concerns regarding your child's development (e.g. speech delays, behavioral issues, sensory processing, etc.)?

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

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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 _____

(Must be signed in the presence of notary)

State of _____ County of _____

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

(Notary Seal)

(Signature of Notary Public)

(Commission Expires)

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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 of 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.