Date of Admission_____

St. Cecilia Early Childhood Program
Child Enrollment Form

Child's Full Name_____ Gender M F Date of Birth_____

Home Address_____ City_____ Zip Code_____

Parent/Guardian Name_____Relationship to Child_____

Home Address (Check box if same address as child) ☐ Phone Number_____

_____ City_____ Zip Code_____

Email Address_____

Employer Name_____ Work Number_____

Where can you be reached during school hours?_____

Parent/Guardian Name_____Relationship to Child_____

Home Address (Check box if same address as child) ☐ Phone Number_____

_____ City_____ Zip Code_____

Email Address_____

Employer Name_____ Work Number_____

Where can you be reached during school hours?_____

Additional Care Provider_____ Phone Number_____
(Daycare/Grandparent/Aunt/etc)

Please list two people that may be contacted in the event of an emergency **<u>if the parent cannot be reached</u>:**

Name	Name
Address	Address
City Zip Code	City Zip Code
Relationship to Child	Relationship to Child
Phone Number	Phone Number
Alternate Phone Number	Alternate Phone Number

List of person(s) your child may be released to: (Please print clearly)

List of person(s) child **NOT PERMITTED** to be released to: (Please print clearly and attach court documents stating NON RELEASE)

Date of Admission_____

Child's Name_____

Pediatrician:
Name_____

Address_____

City_____ Zip Code_____

Phone Number_____

Fax Number_____

Dentist:
Name_____

Address_____

City_____ Zip Code_____

Phone Number_____

Fax Number_____

Medical Specialist: (Check box if not applicable) ☐

Name_____ Phone Number_____

Emergency Transportation Authorization

Give ***Permission*** to Transport		***Do Not Give Permission*** to Transport
St. Cecilia Preschool **has my permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency transportation. The emergency transportation service will determine the facility to which my child will be transported.	**OR** **DO NOT SIGN BOTH**	St. Cecilia Preschool **does not have my permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency transportation. I wish for the following action to be taken:
_____ Parent Signature/Date		_____ Parent Signature/Date

Allergies, Special Health or Medical Conditions and Food Supplements

Does your child have food, medication or environmental allergies? _____
If yes, please list allergy, reaction and treatment:

Does your child's allergy require medication: _____
If yes, please fill out "Request for Administration of Medication" form for ***each*** medication needed while in the program.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? _____
If yes, please explain:

Is your child currently using any medication, food supplement or medical food? _____
If yes, please explain:

Date of Admission_____

Child's Name_____

Does your child have any special health or medical condition? _____
If yes, please explain:

List any history of hospitalization, outpatient surgery or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits.

Child History

Names and Ages of Siblings_____

Family Pets_____ Church Affiliation_____

Are both parents living?_____ Do they both live in the same home?_____

Is there anything unique or special about your family you would like to tell us about?_____

_____

Favorite playthings_____ Favorite Friend_____

Family Activities_____ Favorite Vacation _____

Previous school or group experiences_____

How does your child respond to difficult tasks?_____

What does your child do when they are upset and how are they best comforted?_____

_____

What do you expect of your child at home?_____

What would you like your child to get from their preschool experience?_____

Primary language spoken at home_____

Please check all that apply to your child's play preferences/behaviors:

__Inside __Outside __With 1 other child __With a group __With adults __Very Active(busy)

__Calm __Easily Excited __Quiet Player __Watchful of Others __Repeats same play

__Changes play ideas easily __Pretend Play __Art/Music Play __Large Motor/Physical Play

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Each year we prepare a keepsake video of your child's time in the preschool. Each child will receive an end of the year video to take home. I authorize my child's picture to be in the preschool end of the year video. (Please circle response and sign below.)

YES NO

Parent Signature/Date_____