

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 if the parent cannot be reached:\*\***

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 AND Dentist MUST be filled out.**

Pediatrician:  
Name \_\_\_\_\_

Dentist:  
Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Medical Specialist: (Check box if not applicable)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Transportation Authorization**

<p>Give <b><u>Permission</u></b> to Transport St. Cecilia Preschool <b>has my permission</b> 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.</p> <p>_____</p> <p>Parent Signature/Date</p>	<p><b>OR</b></p> <p><b>DO NOT SIGN BOTH</b></p>	<p><b><u>Do Not Give Permission</u></b> to Transport St. Cecilia Preschool <b>does not have my permission</b> 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:</p> <p>_____</p> <p>Parent Signature/Date</p>
--	---	--

**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:

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 your child Catholic? \_\_\_\_\_

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

---

Please place an **X** next to your response and sign below.

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.    YES \_\_\_\_\_    NO \_\_\_\_\_

I authorize my child's name \_\_\_\_\_ parent name \_\_\_\_\_ phone number \_\_\_\_\_ to be registered in the family roster. I DO NOT wish for our information to be in the family roster \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_