

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 <u>Permission</u> 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.</p> <p>_____</p> <p>Parent Signature/Date</p>	<p>OR</p> <p>DO NOT SIGN BOTH</p>	<p><u>Do Not Give Permission</u> to Transport 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:</p> <p>_____</p> <p>Parent Signature/Date</p>
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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 _____ email _____ to be registered in the family roster.

I DO NOT wish for our information to be in the family roster _____

Parent Signature/Date _____