

EARLY CHILDHOOD EDUCATION ENROLLMENT FORM

AGE 3 THRU 5



I. GENERAL INFORMATION

Child's Name _____
(Last) (First) (Middle) (Name Used)

Street Address _____

(City) (State) (Zip Code)

Home Phone _____ Church You Attend _____

Sex: Male Female D.O.B. ____/____/____ Social Security No. ____-____-____

Does the child live with both parents? Yes No Age of child: _____

If the answer is NO, which parent/person does the child live with? Father Mother
 Grandparents Other _____

If the child is not living with the parent(s), has the person responsible for the child's welfare given certified documentation to the child care office? Yes No

Father's Information

Father's Name _____ Social Security No. ____-____-____

Home Address _____ Zip Code _____

Home Phone _____ Cellular Phone _____

Email Address _____

Father's Employer _____ Business Phone _____

Business Address _____ Zip Code _____

Father's Business Hours: Day Night Hours: ____ a.m./p.m. to ____ p.m./a.m.

Mother's Information

Mother's Name _____ Social Security No. ____-____-____

Home Address _____ Zip Code _____

Home Phone _____ Cellular Phone _____

Email Address _____

Mother's Employer _____ Business Phone _____

Business Address _____ Zip Code _____

Mother's Business Hours: Day Night Hours: ____ a.m./p.m. to ____ p.m./a.m.

II. PERSONAL PROFILE

Does your child have any known allergies (drugs, dust, plants, foods, etc.)? Yes No If so, please list: _____

Does your child have any special fears, likes, dislikes, eating, sleeping or other habits? Yes No Please list below and be specific: _____

What are some ways in which the child plays at home? _____

Does the child play with children from other families? _____ How? _____

Please list other children and/or adults in the home other than parents.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please check any of the following which the child has experienced during the past year.

- | | |
|--|--|
| <input type="checkbox"/> Birth of another child in the family | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Serious illness of child or family member | <input type="checkbox"/> Death in family |
| <input type="checkbox"/> Separation or divorce of parents | <input type="checkbox"/> Other _____ |

Would you describe your child as: Active Quiet Friendly

III. PERSONAL CARE

Does your child usually take a nap? Yes No

If there is a problem (biting, hitting, pinching, etc.) how is it handled? _____

What name does your child use when speaking of grandparents? _____

Does child use special words to go to the bathroom? Yes No If so, what? _____

When going to the bathroom can your child manage his/her clothes by himself/herself? Yes No

Please tell us briefly how you discipline your child. Is he/she physically removed from the problem, sent to his/her room, etc. _____

List child's hobbies and other interests: _____

IV. MEDICAL INFORMATION

1. Is your child taking any medication(s)? Yes No If YES, please list below. (You must sign a Medical Authorization Form before the staff will administer any medication.) Also, please list any side effects which might occur and the appropriate action to be taken:

2. Does your child have any allergies to medicines or insects? Yes No If YES, please list below. Also, please list any side effects which might occur and the appropriate action to be taken:

3. Does your child have any asthma or wheezing? Yes No

4. Does your child have seizures? Yes No

5. Is your child a hemophiliac (free bleeder)? Yes No

6. Does your child have any special problems not indicated above? Yes No If YES, please explain: _____

V. MEDICAL WAIVER

On those occasions when I am unavailable, I, _____, authorize the staff of Grace Covenant Baptist Academy to obtain emergency medical assistance for my child, _____.

Local Physician _____ Office Telephone _____

Group Name (if applicable) _____

Address _____ Zip Code _____

Child's Dentist _____ Office Telephone _____

Hospital Preference _____ Insurance I.D. No. _____

Name of Insurance Company _____

VI. PARENT AUTHORIZATION

Having been advised of the policies and procedures of Grace Covenant Baptist Academy, I am electing to enroll my child in the Early Childhood Education Program of Grace Covenant Baptist Academy.

Signature of Parent or Legal Guardian Date

FOR OFFICE USE ONLY

Registration fee in the amount of \$ _____ received on _____.

Registration fee paid by _____ check _____ money order.

First week's/month's fee received in the amount \$ _____. Fee paid by _____ check _____ money order.