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.

❑ Birth of another child in the family
❑ Serious illness of child or family member
❑ Separation or divorce of parents
❑ Moving
❑ Death in family
❑ 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.