REDWOOD CHURCH

PRESCHOOL

ENROLLMENT AGREEMENT

Enrollment Agreement

Redwood Church Preschool

Completion of this Enrollment agreement is required for enrollment, much of the information requested is necessary to comply with state childcare licensing regulations. This information will not be shared with any one outside of the Preschool Office.

Child's Information

First name	Middle name	Last name	Child's nickname
Birthdate	Age on September 1	Age	Sex
Child's primary language	Does child live with both Parents?		
Child's home address	City	State	Zip

Primary Parent / Guardian Information

First name	Middle name	Last name	Relationship to child
Parent's home address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Other
Email Address:	Would you like to be on your mailing list?	Payer only?	Allowed to Pickup?

Employer	Employer address	City	State	Zip	Work hours

Secondary Parent / Guardian Information

First name	Middle name	Last name	Relationship to child
Parents Home address (if different from above)	City	State	Zip
Home Phone	Cell Phone	Work Phone	Other
Email Address:	Would you like to be on your mailing list?	Payer only?	Allowed to Pickup?

Employer	Employer address	City	State	Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians)

For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up. Please specify whether a contact is and **emergency contact** or **just allowed to pickup the child**.

Contact 1

First and Last name		Relationship to child
Home phone	Cell phone	Work Phone (optional)
Emergency Contact YES NO	Allowed to Pick up child YES NO	

Contact 2

First and Last name		Relationship to child
Home phone	Cell phone	Work Phone (optional)
Emergency Contact YES NO	Allowed to Pick up child YES NO	

Contact 3

First and Last name		Relationship to child
Home phone	Cell phone	Work Phone (optional)
Emergency Contact YES NO	Allowed to Pick up child YES NO	

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. Your child will not be released without prior authorization.

Parent Signature _____ Director Signature_____ Date _____

Child's Medical Care Provider

Child's name			Birth date
Primary physician's name	Primary physician's practice name		Phone
Physician's practice address	City	State	Zip
If physician cannot be reached, what action should be taken? □ Call Emergency Hospital □Other Explain:			
Dentist name	Dentist practice name		Phone
Dentist practice address	City	State	Zip

Child's Preadmission Health History – Parents Report

Height	Weight	Hair color	Eye color	Sex
Has child been under regular supervision of physician? □YES □NO		Date of Last Physical/ Medical Examination		
Walked at Months:		Began talking at Months:		Toilet training started at Months:
Does child have frequent colds? □YES □NO		How many in the last year?		

Past illnesses- Check illnesses that child has had and specify approximate dates of illness:

Date	Date	Date
□ Chicken Pox	□ Diabetes	□ Poliomyelitis
□ Asthma	□ Epilepsy	□ Ten-Day Measles (Rubeola)
□ Rheumatic Fever	□ Whooping Cough	□ Three-Day Measles (Rubella)
□ Hay Fever	□ Mumps	

Specify any other serious or sever illness or accidents

List any allergies staff should be aware of

Daily Routines

What time does child get up?	What time does child go to bed?	Does child sleep well?
Does child sleep during the day?	When?	How long?

Diet pattern: (What does your child usually eat for these meals)	Breakfast	What are the usual eating hours? Breakfast _____ Lunch _____ Dinner _____
	Lunch	
	Dinner	

Any foods dislikes?	Any eating problems?
Is child toilet trained? □YES □NO *If yes at what stage*	Are bowel movements regular □YES □NO What is usual time?
Word use for bowel movement	Word use for urination
Is child presently under doctor's care? □YES □NO *if yes, name of doctor*	Does child take prescribed medications? □YES □NO *if yes, what kind and any side effects*
Does child use any special device(s): □YES □NO *if yes, what kind*	Does child use any special device(s) at home? □YES □NO *if yes, what kind*

Parent evaluation of child's personality _____

_____

Has the child had group play experience? _____

_____

Does the child have any special problems/ Fears/ Needs? _____

_____

How does child get along with parents, brothers, sisters and other children? _____

_____

What is the plan for care when the child is ill? _____

_____

Parent Signature_____ Date_____

Consent for Emergency Medical Treatment

As the Parent or Authorized representative, I hereby give consent to **Redwood Church Preschool** to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O) or dentist (D.D.S) for _____. This care may be given under whatever conditions
(name of child)
are necessary to preserve the life, limb or well being of the child name above.

Child has the following medical allergies:

_____ _____
Parents or Authorized representative signature Date

_____
Home Address

(_____)_____ (_____)_____
Home Phone Work Phone

Child's Medical Immunization Requirement

Below is a list of immunizations required by the state of California. Please Print Hospital record and turn it in as soon as possible.

Polio (OPV or IPV)
DTP/ DTaP / DT/ TD) Diphtheria
MMR (Measles, mumps, and rubella)
HIB
Hepatitis A
Hepatitis B
Varicella (chickenpox)

Permission Request

☐ **Media Consent**
Occasionally, photos will be taken of the children at the center for use within the center or on our website & for advertising purpose. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

☐ **Walking Excursion**
I give permission for my child to participate in supervised walking excursions near and around the center.

☐ **Private Employment Acknowledgement and Release**
Any arrangement / employment between me and staff of this center (babysitting), outside of the program and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.

Parent Signature _____Date: _____