



# Little Lighthouse Preschool

## Enrollment Application

**Child's Name** \_\_\_\_\_ Gender Male / Female

(Last Name)

(First)

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Lives With \_\_\_\_\_

Home Address \_\_\_\_\_

Street

Apt. #

City

Postal Code

**Mother/Gaurdian** \_\_\_\_\_

(Last Name)

(First)

Home Address \_\_\_\_\_

(if different from above)

Street

Apt. #

City

Postal Code

Telephone (Home) \_\_\_\_\_ (Cell #) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

**Father/Gaurdian** \_\_\_\_\_

(Last Name)

(First)

Home Address \_\_\_\_\_

(if different from above)

Street

Apt. #

City

Postal Code

Telephone (Home) \_\_\_\_\_ (Cell #) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Contacts** (to be notified in case of emergency if parent/s cannot be reached)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Person(s) permitted to pick up your child from preschool.** Notification by parents MUST be given if someone other than listed person/s will be picking up your child.

\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

We send home a list with the names and phone numbers of our preschool families. Please check if you would like to be included.  Yes  No



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## Health History Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name) (First)

Medical Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of practice \_\_\_\_\_  
\_\_\_\_\_

Date of your child's last physical examination \_\_\_\_\_

Please give a brief statement as to your child's general health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any condition(s) requiring special care, specify \_\_\_\_\_  
\_\_\_\_\_

Has your child had any of the following illnesses (please put dates)

\_\_\_measles      \_\_\_mumps      \_\_\_whooping cough      \_\_\_pneumonia  
\_\_\_chicken pox      \_\_\_meningitis      \_\_\_hepatitis      \_\_\_other \_\_\_\_\_

Allergies (i.e. asthma, hay fever, insect bites, medicine, food restrictions) \_\_\_\_\_  
\_\_\_\_\_

Regular Medications \_\_\_\_\_

**Please provide a copy of your child's Immunization Records (required by the state of Washington)**  
\_\_\_\_\_

Any concerns with your child's speech, hearing or vision? \_\_\_\_\_

Does your child have any physical restrictions? \_\_\_\_\_

Is your child potty trained? Y / N Does your child have accidents? \_\_\_\_\_

How does your child indicate bathroom needs? (include special words) \_\_\_\_\_

Does your child have any food restrictions or dietary needs? \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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## Medical Treatment Consent

In the event that our/my child, \_\_\_\_\_ becomes ill or sustains any injury while in the care of Little Lighthouse Preschool, including field trips, we/I give our/my permission to those in charge to take whatever steps are necessary to treat my child. If it is not possible to reach the doctor named on this form, or to receive instructions for our/my child's care, consent is given to any licensed physician to administer drugs and/or medicines, and perform such surgical procedures as he/she shall think the existing emergency requires for the relief of pain and/or to preserve his/her life and health.

I hereby agree to pay any and all expenses incurred by such illness or injury.

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

Print Name \_\_\_\_\_

### Insurance Information

Name of Insured \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy and/or Group Number \_\_\_\_\_

Medical Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of practice \_\_\_\_\_



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## Getting to Know Your Child

Does your child have siblings? If so, please list names and ages. \_\_\_\_\_

\_\_\_\_\_

What are your child's special interests, abilities or talents \_\_\_\_\_

\_\_\_\_\_

Does your family have any special interests, hobbies, abilities, talents, etc. that you would like to share with the preschool? \_\_\_\_\_

\_\_\_\_\_

What does your child especially enjoy doing? \_\_\_\_\_

\_\_\_\_\_

Previous experience with other children/daycare \_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain from this preschool experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about The Island Church Preschool \_\_\_\_\_

\_\_\_\_\_