



Eastridge Baptist Preschool Enrollment Form



Date of Admission	Hours and Days child will be in care	Nap Y N	Enrollment Fee Cash Check
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PLEASE DO NOT WRITE ABOVE THIS LINE

Facility Name EASTRIDGE BAPTIST PRESCHOOL	Director's Name AMY MABIE	Enrollment Date	Withdrawal Date
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Child's Name	Date of Birth	Age
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Please check the enrollment box that applies

1's
 2's
 3's
 Pre K 4
 Kindergarten

Child's Address	City	State	Zip
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Mother's Name	Mother's Telephone Number	Mother's Cell Phone Number
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Mother's Address (if different from child)	Mother's Work Phone Number
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Father's Name	Father's Telephone Number	Father's Cell Phone Number
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Father's Address (if different from above)	Father's Work Phone Number
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Please list any other children in the home:

Name	Age	School They Attend

In the event of an emergency, please list 2 people to call if neither parent can be reached

<u>Name and Relationship to child</u>	<u>Telephone Number</u>	<u>Address</u>

Please list any special problems your child may have such as allergies, existing illnesses, previous serious illness, injuries or surgeries over the past 12 months, or any other information you think our staff should be aware of.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Eastridge Baptist Preschool director or person in charge to call and/or take my child to:

Name of Physician	Address	Phone Number
Name of Hospital	Address	Phone Number

CHILD RELEASE INFORMATION:

Please list all of the people who are permitted to pick up or drop off your child at Eastridge Baptist Preschool. If someone other than a person listed on this form is to pick up your child, please send a written note with your child. If an emergency does not allow for a written notice, please call the office. We must be able to verify your identity and the identity of the person coming to pick up your child. In the event that any of the people listed below come to pick up your child, they will be required to produce a driver's license or valid ID at the time they come to pick up your child.

_____	_____	
Parent Signature	Date	
<u>Name and relation to child</u>	<u>Home Phone Number</u>	<u>Cell Phone Number</u>

ADMISSION REQUIREMENT:

One of the following must be presented when your child is admitted to our preschool program or within one week of admission. Please check only one option:

1. **HEALTH CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to take part in the preschool program.

_____	_____
Health Care Professional's Signature	Date

2. A signed and dated copy of a health care professional's statement is attached.
3. **PARENTS STATEMENT:** My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the director.

_____	_____
Signature Parent or Legal Guardian	Date

4. Medical treatment and diagnosis conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed affidavit stating this.

WATER PLAY: Please check one

I Do Do Not give my child permission to participate in water activities while at Eastridge Baptist Preschool

Are You A Church Member?	Do You Have A Church Home?
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Would You Like Information About Eastridge Baptist Church?	YES	NO
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I DO _____ DO NOT _____ want my child to rest in the nap room during rest time.
(This applies only to our 3-5 year olds)

In order to meet legal requirements, I hereby authorize any representative of Eastridge Baptist Preschool to give consent for any and all necessary emergency medical care for my child while said child is in care. I do hereby release Eastridge Baptist Church from any and all claims that might occur while my child is attending Eastridge Baptist Preschool.

_____	_____
Parent/Guardian	Date