

Little Blessings - Preschool Registration

An East Sparta Church of God Ministry

Date: _____

Child's Name: _____

Days Enrolled: (please circle) Tues Thurs Tues/Thurs

DOB: _____ Age: _____

Address: _____

Home Phone: _____ Cell: _____

Legal Guardian(s): _____

Information regarding legal parent(s)/guardian(s):

Name: _____ Relation to child: _____ Cell: _____

Address: _____ Employer: _____

Work Phone: _____ Church Affiliation: _____

Name: _____ Relation to child: _____ Cell: _____

Address: _____ Employer: _____

Work Phone: _____ Church Affiliation: _____

Name of person(s) authorized to pick up your child:

Name: _____ Relation to child: _____

Address: _____ Cell: _____

Name: _____ Relation to child: _____

Address: _____ Cell: _____

Name: _____ Relation to child: _____

Address: _____ Cell: _____

Does your child have a disability or handicap? y/n

Please explain: _____



Does your child take any medication? y/n

If so, what and how often? _____

If there is any other additional information about you child that you think could be beneficial
please write in the space given: _____

How is your child's appetite? (please circle) good fair poor

If he/she refuses to eat how is this handled? _____

Favorite food: _____ Dislikes: _____

Does your child have food allergies? y/n

Please list: _____

Does your child nap? y/n

If yes, for how long? _____

If he/she is reluctant to rest time, how is this handled? _____

Habits associated with going to bed/nap: _____

Is your child potty trained? y/n

Times when you take child to the bathroom: _____

Can he/she go to the bathroom themselves? _____

Does your child use a specific word(s) when they have to potty? y/n

Does your child need help with going to the bathroom? y/n

Does your child have any particular fears or habits? _____

Does he/she talk distinctly? _____

Has your child ever attended a child care center before? y/n

If yes, which center and when: _____

Does your child mix well with other children in a group environment? _____

Are there any words he/she substitutes for another word? (example: "foo foo" for pacifier)

To the best of your knowledge, is your child's health and physical condition suitable for normal group activities? y/n

What type of discipline do you suggest or approve for your child? _____

What reaction should we expect when your child is disciplined or corrected? _____

Financial Information

- A nonrefundable registration fee of \$15 is required to register your child.
- Full payment for the month is due the first Tuesday or Thursday of the month.
- We follow the same schedule as White County Schools. There will be no charge for the days school is not in operation.
- Little Blessings Preschool is open 8:30-2:30. Due to the possible inconvenience placed upon our employees if you are later than 2:30 picking up your child, you will be asked to pay \$1.00 for each 5 minutes you are late. This does not apply in extreme emergencies or when prior arrangements are made.
- Absence of the child for part or all of any month does not reduce the tuition nor does it change the method of payment.

I have completed all the information on this and the following pages and that I understand everything that I have signed. I agree to not hold East Sparta Church of God, Little Blessings Preschool, or any staff member responsible for any illness or accident while my child is in their care.

Date

Signature of Parent/Guardian

Emergency Information

We have the best teaching staff around. We strive to do all that is possible to see that your child is safe and secure. However, just as a precautionary measure we need the following. Little Blessings Preschool must have your permission to secure emergency attention for your child. The parent/guardian assumes responsibility for any charges.

I grant permission for the staff at Little Blessings Preschool to secure emergency medical attention for my child.

Parent or Guardian: _____

Insurance Company: _____ Policy #: _____

Name of person(s) authorized to act in an emergency, if parent is unavailable:

Name: _____ Relation to child: _____

Address: _____ Phone: _____

Employer: _____ Work phone: _____

Name: _____ Relation to child: _____

Address: _____ Phone: _____

Employer: _____ Work phone: _____

Name of child's physician: _____

Office address: _____ Phone: _____

Health Information

IMMUNIZATIONS MUST BE UP TO DATE AND A COPY OF RECORDS ATTACHED TO THIS FORM

Children must be fever free for 24 hours before coming to school.

Prescription medicine may be given if written specific instructions are filled out.

Past illnesses and age at time of illness: Chicken pox _____ Mumps _____ German Measles _____ Hepatitis _____ Measles _____ Scarlet Fever _____

Does your child frequently have the following? (circle, if any) colds, tonsillitis, ear aches, allergies, stomach aches, high fever, vomiting, asthma. Explain: _____