

ENROLLMENT APPLICATION INFORMATION

CHILD INFORMATION

Name of Child (Last, First, Middle): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: _____

List the family members your child lives with- include names and ages of siblings: _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

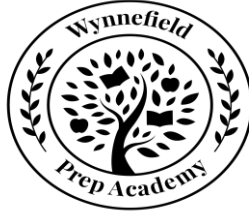
Driver's License Number/State: _____

Employer: _____ Employer Address: _____

Work Phone/Extension: _____ Work Hours: _____

Name of Parent/Guardian: _____

Signature: _____ **Date:** _____



ENROLLMENT APPLICATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the person listed will be also be authorized to pick up or accompany the child for the purpose of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the person you would like to be authorized for pick up only on a given day (I.e., babysitter). For these purposes, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar with to provide government issued photo identification at the time of pick-up.

MANDATORY:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

OPTIONAL:

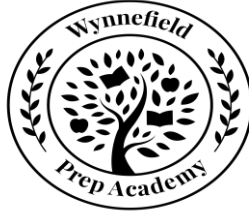
Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

OPTIONAL:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without your prior authorization.

Name of Child: _____ Wynnefield Prep Academy Date: _____



ENROLLMENT APPLICATION INFORMATION

AUTHORIZATIONS

AUTHORIZATIONS FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue, I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, authorize for emergency purposes only, a center designated employee to transport the above minor by ambulance to the nearest hospital.

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Dentist Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Insurance Provider and Policy Number: _____

Allergies to Drugs/Foods, or Other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

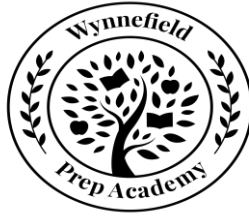
The center may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks. I give the center to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

Wynnefield Prep Academy

Date: _____



ENROLLMENT APPLICATION INFORMATION

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

With whom does the child reside? Please list the names and relationships to child, and names and ages of other children:

ADULTS:

Name _____ Relationship _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

CHILDREN:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Who also cares for your child(ren)? _____

What language is spoken at home? _____

When did your child begin speaking or using words? _____

What would you like most for your child to experience with us? _____

How would you describe your child (personality characteristics)? _____

What do you enjoy most about your child? _____

Name of Child: _____ Wynnefield Prep Academy Date: _____



ENROLLMENT APPLICATION INFORMATION

CHILD PROFILE

What are your child's play interests (preferences for creative and dramatic play)? _____

How does your child express frustration? _____

Does your child have any fears? _____

How does your child react to change (such as being left by parents)? _____

How does your child comfort himself/herself? _____

How many hours of sleep does your child receive at night? _____

Does your child need to be awakened in the morning to attend the school? _____

Does your child take naps? _____

Is your child toilet-trained? _____

Has your child had previous preschool experience? _____

Are you available for field trips or other special events? _____

Do you have a special interest or hobby you would like to share with the children? _____

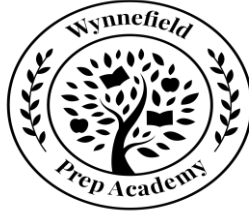
What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

Is there anything else you would like us to know about your child that would help us better meet their needs? _____

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____ Wynnefield Prep Academy Date: _____



ENROLLMENT APPLICATION INFORMATION

MEDICAL HISTORY

Are there any allergies that are life-threatening? Please explain and provide instructions:

Per state regulations, a Child Health Assessment will also need to be completed and maintained on file

Name of Child: _____

Wynnefield Prep Academy

Date: _____