

## Early Childhood Education at Second Presbyterian Registration 2018-2019

Please check after you have read and filled out enrollment forms. Child will not be accepted until everything listed is filled out, returned and paid for.

- \_\_\_\_\_ Family Information (returned)
- \_\_\_\_\_ Health Information (returned)
- \_\_\_\_\_ Student Information (returned)
- \_\_\_\_\_ Medical Treatment Release (returned)
- \_\_\_\_\_ Release of Child (returned)
- \_\_\_\_\_ Permission to Photograph and Give out Personal Information (returned)
- \_\_\_\_\_ Tuition Responsibility (returned)
- \_\_\_\_\_ Registration fee of \$100, check payable to Second Presbyterian Church (PMO)  
Ecumenical Preschool (preschool) (nonrefundable)
- \_\_\_\_\_ Current Immunization Record/ Date immunization, expires \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

I would like my child to attend \_\_\_\_\_ days per week. (1 year olds, only up to 3 days)

Please list the days that you would like your child to attend

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

Send to: Second Presbyterian Church  
Attn: Preschool  
460 E. Main Street  
Lexington, KY 40507

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**FOR STAFF USE ONLY:**

Date/Time Received: \_\_\_\_\_

## Family Information

You can help us plan for your child's needs and concerns if you provide the following information. This information will remain confidential and is used to better support your child.

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ married \_\_\_\_\_ living together  
\_\_\_\_\_ separated \_\_\_\_\_ divorced

Important people in your child's life:

Siblings (name, age, gender, live with your child or separate)

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Pets (animal, name)

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Relatives, adults, friends that play an important role in your child's life and that we may frequently hear about in class:

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What language is predominately spoken in your home?

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Please list any other languages used in your home:

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Describe your child's personality. Is (s)he generally happy, outgoing, quiet, curious, etc?

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What is the best way to calm your child if he or she is upset?

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Describe your child's favorite activities and interests.

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Describe any fears which your child exhibits.

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What type of experiences has your child had with groups of children (Sunday School, VBS, day care, etc.)?

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Are there any special concerns which the preschool staff should be aware of with regard to stress in the child's life, family customs, etc?

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What are your goals for your child with respect to his/her participation in the preschool program? \_\_\_\_\_

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## Health Information

Child's Name: \_\_\_\_\_

Allergies:  
\_\_\_\_\_

Asthma: \_\_\_\_\_

Has your child had chicken pox? \_\_\_\_\_ The chicken pox vaccine? \_\_\_\_\_

Does your child have frequent: (yes or no)

Colds? \_\_\_\_\_ Coughs? \_\_\_\_\_ Ear Infections? \_\_\_\_\_ Tonsillitis? \_\_\_\_\_

High Fever? \_\_\_\_\_ Upset Stomach? \_\_\_\_\_ Seizures? \_\_\_\_\_

Other? \_\_\_\_\_

Does your child have tubes in his/her ear due to ear infections? \_\_\_\_\_

If your child has seizures, please alert teachers of the severity and frequency.

How is your child's vision? \_\_\_\_\_ Hearing? \_\_\_\_\_

Is your child taking medication on a regular basis? \_\_\_\_\_

If so, please explain

\_\_\_\_\_

Describe any dietary restrictions (food allergies, etc):

\_\_\_\_\_

\_\_\_\_\_

## Student Information

Name child is called: \_\_\_\_\_

Full name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Home Address:  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address (if different from child):  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address (if different from child):  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Consent

Child's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Office) (Exchange)

Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Office) (Exchange)

Two relatives or friends that may be contacted in an emergency if I cannot be reached:

\_\_\_\_\_  
(Name) (Relationship) (Phone)

\_\_\_\_\_  
(Name) (Relationship) (Phone)

In case of medical emergency, I hereby give my permission for the Director to contact my child's physician/dentist if I cannot be reached. If it appears to be necessary, I authorize one of the preschool staff members to take my child to the nearest hospital.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of Director Date

## Release of Child Authorization

The following people may pick up or receive my child from Preschool.

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Your child will not be released to anyone who is not listed on this form. In addition, a photo ID will be required from authorized persons before your child is released to them. If at any time you need to add or delete names from this list, please contact the preschool director.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

## Photo Release Form

I hereby grant permission to Ecumenical Preschool and Parent's Morning Out to use my child's photograph, likeness, and/or voice in any way that would reasonably portray programs of Ecumenical Preschool. This includes Facebook, brochures, posters, power point presentations, pictures taken in the classroom, parties, etc. I do certify that I am of full legal capacity to execute the above authorization and release.

**(Please only sign one of the following):**

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Director	_____ Date

I, \_\_\_\_\_ give permission for all of the above, **EXCLUDING** Ecumenical Preschool Facebook page.

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Director	_____ Date

## Personal Information

I give permission for my child's name, address, and phone number to be given to other parents at Ecumenical Preschool and Parent's Morning Out for a play list, valentines, birthday invitations:

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Director	_____ Date



## **Tuition Responsibility**

Since Ecumenical Preschool and Parent's Morning Out are non profit organizations and budgets are based on the tuition expected during the year, we must ask that each family sign a commitment in order to operate.

I am responsible for the non-refundable yearly registration fee of \$100.00 required upon enrollment, a supply fee of \$100.00 required the first week of school, and 9 months tuition. Tuition is due the first school day of each month. A \$10 late fee will be assessed after the 10<sup>th</sup> or the Monday following if the 10<sup>th</sup> falls on a weekend. No deductions will be made for absences. Two weeks notice is required if a child leaves the program for any reason.

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Signature of Parent or Guardian

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Date

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Signature of Director

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Date