

FIRST FRIENDS PRESCHOOL APPLICATION FOR ENROLLMENT

2 3 4 yrs.

Registration for Preschool and: Early drop off (7:30-9:00)
 2:30 Pick Up 5:30 Pick Up

Full name of Child _____ Child's Birth Date _____

What does child like to be called? _____ Date of Admission _____

Parents:

Mother's Name _____ Father's Name _____

Address _____ Address _____

_____ Zip _____ _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell _____ Work _____ Cell _____ Work _____

Where Employed _____ Where Employed _____

Work Hours _____ Work Hours _____

Email address _____ Email address _____

Additional email address(es) _____

Transportation Plan:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. Please include current phone numbers to contact.

1) Name _____ Relationship to child: _____

Phone _____ Cell Phone # _____

2) Name _____ Relationship to child: _____

Phone _____ Cell Phone # _____

Emergency Information:

Name of a person, other than **Child's Parents or Preschool Director**, authorized to act for the parents in an emergency.

Name: _____ Relationship to child: _____

Address _____ Home Phone _____ Cell _____

Where Employed _____ Address _____

Work Telephone _____ Work Hours _____

Name of Physician: _____ Office Phone Number _____

Address _____

Background Information:

Other Children in the Family

Birth Date

School

FIRST FRIENDS PRESCHOOL

DEVELOPMENTAL HEALTH HISTORY

Child's Name _____ DOB _____

Nickname _____

PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other than what you listed above:

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medicine regularly? If so, what? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as?

_____ Asthma _____ Cerebral Palsy _____ Developmental Delay

_____ Diabetes _____ Frequent Earaches _____ Hemophilia

_____ Seizure Disorder _____ Other _____

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? _____

Do you have any other concerns about your child's health? _____

DEVELOPMENT (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain.

Does your child have any problems with walking, running, or moving? Please explain.

Does your child have any problems seeing? Please explain.

Does your child have any problems hearing? Please explain.

Does your child have any problems using his/her hands (such as with puzzles, small building pieces)? Please explain.

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DAILY LIVING

RELATIONSHIPS

What are some of the ways in which the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

What ages are your child's most frequent playmates? _____

Does he/she usually get his own way with other children? _____ If not, how does he/she react? _____

Is your child Friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by (circle all that apply) Animals? Rough Children? Loud Noises?
The Dark? Storms? Anything else?

Who does most of the disciplining? _____

What is the best way to discipline your child, **EXCLUDING** physical punishment? _____

With which adults does your child have frequent contact? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____

Does he/she feed themselves? _____ What is his/her general attitude toward eating? _____

What foods does your child like? _____

Dislike? _____

How well does your child use table utensils (cup/ fork/ spoon)? _____

***Food sensitivities:**

ANY TRUE ALLERGIES SHOULD BE LISTED UNDER ALLERGIES. PLEASE EXPLAIN THE SEVERITY AND SUPPLY A FOOD ALLERGY ACTION PLAN FOR FOOD OR OTHER ALLERGIC CONDITIONS.

Toilet Habits:

What are your child's regular bladder and bowel patterns? Do you want us to follow a particular plan for toileting?

Does he/she take themselves? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____ Does the child tell you when he/she needs to go to the toilet and go willingly?
_____ Can the child manage his/her clothes independently when toileting? _____

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Toilet Habits (continued)

How does your child indicate bathroom needs? Word(s) for urination: _____

Word(s) for bowel movement: _____

Special words for body parts: _____

Sleep Habits:

What are your child's regular sleeping patterns?

At night, he/she sleeps from _____ to _____ Average Hours _____

Naps from _____ to _____ Average Hours _____

Attitude toward going to bed _____

Speech and Physical Growth:

Does the child talk well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read with your child? _____ How regularly? _____

At what age did he creep? _____ Crawl? _____ Walk? _____

Would you describe him/her as: active or quiet; thin, average weight, or heavy; tall, average height, or short; friendly or reserved? _____

Give below any other information you think we should have about your child:

Religious Affiliation:

Church you attend regularly _____

First Friends Preschool will not be held responsible for anything that may happen as a result of false or undisclosed information given at the time of enrollment. Enrollment may be terminated if such information is revealed after acceptance into the program. Signing below indicates the above application is complete and true to the best of your knowledge.

Parent's Signature _____

Date _____

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MEDICAL AUTHORIZATION

I hereby grant permission for the Director or Acting Director to administer first aid and to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian or the persons listed on the emergency information form.
2. If we cannot contact you or your emergency information contact person, we will do one or both of the following: (a) Call 911 or (b) have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

MEDICAL AUTHORIZATION FOR _____
(Name of child)

The undersigned, who are the parents or guardians having legal custody of the above-named minor, hereby authorize the above-named school, into whose care the above-named minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment; and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named school to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unavailable to be contacted.

Dated _____
(Parent or Legal Guardian)
(Parent or Legal Guardian)

FIRST FRIENDS PRESCHOOL

PERMISSION SLIP

I hereby grant permission for my child to use the play equipment and participate in all the activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks or for planned field trips in an authorized vehicle.

FOR: _____
(Child's name)

I give permission to participate in field trips.

Signed: _____
(Parent's Signature)

Date: _____
(Month) (Day) (Year)

ALLERGY INFORMATION – Allergy Action Plan must be on file.

Child's Name: _____

Child's Birthdate: _____

Allergy Information: _____

Parent's name: _____

Parent's signature: _____ Date: _____

Phone Numbers: Home: _____
Work: _____

NEW 2018
STATE OF TENNESSEE
IMMUNIZATION RECORD
IS REQUIRED
UPON ENROLLMENT

Please note: Your student's enrollment is **not** complete and a spot will not be reserved until the following items have been received:

- Completed application, ***including*** emergency contact information, transportation plan, medical authorization, permission slip, and allergy information;
- Preschool deposit and supply fee;
- Child's completed, up-to-date immunization record.

Licensing requirements state immunizations required for preschool must be completed **prior** to enrollment in a childcare program.