

# HIS KIDS PRESCHOOL

## Enrollment Application

Date: \_\_\_ / \_\_\_ / \_\_\_

### child information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child resides with: (circle one)    Mother    Father    Both    Other \_\_\_\_\_

### parent/family information

#### **Mother/Legal Guardian:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

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

Work Place \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_

#### **Father/Legal Guardian:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

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

Work Place \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_

\*Present status of parents in child's family (circle one) :    married    living together    living apart    divorced

#### **Other Children Present in Family:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

#### **Other People Present in Household:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## other information that will help in caring for your child

Primary languages spoken at home \_\_\_\_\_

Other group experiences that child has had: (camps, Sunday School, etc. \_\_\_\_\_  
\_\_\_\_\_

Child's interests and activities \_\_\_\_\_

## program information

Would you prefer mornings or afternoons? \_\_\_\_\_  
(morning class will be filled before afternoon classes open)

Name of person dropping child off \_\_\_\_\_ Phone \_\_\_\_\_

Name of person picking child up \_\_\_\_\_ Phone \_\_\_\_\_

## medical information

Name of child's physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_

Does your child have medical problems/physical handicaps? (circle one) yes no

If yes, please explain \_\_\_\_\_

Does your child have any restrictions for play? (circle one) yes no

If yes, please explain \_\_\_\_\_

Please indicate any allergies your child has \_\_\_\_\_

Does your child regularly take medication? (circle one) yes no

If yes, please list and indicate schedule of dispensation \_\_\_\_\_

## emergency contact information

### **Emergency Contact Person #1**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Emergency Contact Person #2**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

# Emergency Medical Release Form

Name of child \_\_\_\_\_

I/We authorize *His Kids Preschool* to secure emergency medical care for my child as the center deems necessary. I/We will be responsible for the emergency medical charges. I/We will be notified if a situation occurs when an emergency call is needed.

\_\_\_\_\_ is the doctor/clinic/hospital of my choice.

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

# Permission Form

While your child is enrolled in this program, he/she will be involved in a number of special activities. Please read the following information and indicate permission.

Name of Child \_\_\_\_\_

(Please circle your choice)

- **I Do I Do Not** give my permission for my child to go on preschool fieldtrips. I will be notified prior to the trip of the specific details of that fieldtrip.
- **I Do I Do Not** give my permission for my child to be screened for speech and language.
- **I Do I Do Not** give my permission for my child to be screened for hearing.
- **I Do I Do Not** give my permission for my child to be screened for specific educational needs.

*\*From time to time, photographs of our preschool program will be taken for educational and publicity purposes. These pictures will be representative of the enriching experiences offered your child throughout the duration of the school year.*

- **I Do I Do Not** give my permission for my child to be photographed for use in educational, non-profit publications/presentations intended to further the cause of public education. This permission is applicable for current, as well as future project use.

*As a part of this program, your child's records may be included in research which evaluates the value of the program. In all cases, the confidentiality of each individual child's records is maintained.*

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## Payment Agreement

I agree to pay the amount of \$150.00/month for the four day program at *His Kids Preschool*. Payment will be made in full on the first attendance day of each month. I understand that if payment is made more than 10 calendar days late, an additional fee of \$10.00 will be assessed for each late week. If payment falls delinquent for more than four weeks, dismissal from the program may be necessary. I also understand that I am responsible for any other charges indicated in the handbook, that may be assessed to me. I understand that fees are subject to change and I will be notified of such changes before they are applied. Rates are reviewed annually and adjusted accordingly to operation costs. The costs include classroom supplies, building maintenance/upkeep, and employee wages.

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

# Registration Fee Agreement

The registration fee of \$35.00 is to ensure a position for (child's name) \_\_\_\_\_ at *His Kids Preschool* for school year, \_\_\_\_\_. The registration fee is refundable only if cancellation out of the program is made two weeks prior to the first day of attendance at the center. If the cancellation is made after this time, the registration fee is not refundable.

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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## Receipt for Payment of Registration Fee

Date: \_\_\_/\_\_\_/\_\_\_

Cash

Amount Received : \$ \_\_\_\_\_

Check, No. \_\_\_\_\_

For: \_\_\_\_\_

Payment Received By: \_\_\_\_\_

**HIS KIDS PRESCHOOL**

3301 Hwy. 251  
Rochelle, IL 61068

(To be filled out by office personnel)