

School in the Pines / 2012 – 2013 / Preschool Application

Days attending: Mon Tues Wed Thur Fri Hours: full-time 8 – 3 9 – 1

Child's Name _____ Nickname _____ Sex _____ Date of Birth ____ / ____ / ____

Home Ph. _____ Mailing Add. _____ Sub. _____

Father's Name _____ Occupation _____

Employed By _____ Business Phone _____

Cell Phone _____ e-mail _____

Mother's Name _____ Occupation _____

Employed By _____ Business Phone _____

Cell Phone _____ e-mail _____

Please list sibling's names and ages here: _____

Please list persons approved to pick up your child. ONLY those listed will be able to pick up your child.

Identification may be required. List relationship to child. *List phone number if we may call this person in case of emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

+++++

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: If I cannot be reached to make arrangements for emergency medical care, I hereby authorize SCHOOL IN THE PINES to take my child to (or nearest hospital):

Dr. _____ Address _____ Phone _____

Signature at bottom of this form serves as medical authorization release.

+++++

School most recently attended: _____

How did you hear about us: _____

By signing this application, I agree that I have read and understand all policies in the current school packet. Registration Fee is NON-REFUNDABLE and must be returned with this application. Missed days/weeks of school for illness/vacation will not be credited.

Parent Signature _____ Date _____

Director Signature _____ Date _____ Start Date _____

Preschooler Information Sheet for _____

Describe your child's personality (shy, outgoing, laid back, etc.)

Does your child have any special behavior problems, speech delays, etc?

Please list any health problems:

What type of discipline does your child respond best to?

Has your child recently gone through any major changes or been exposed to new situations (i.e. Divorce, move, serious accident or death in the family, etc.)?

Does your child nap? _____
Is your child potty trained? _____
Should your child wear a pull-up at rest time? _____

Does your child have any special fears (dark, monsters, bugs, etc.)?

Does your child have a security item (blanket, stuffed animal, or pacifier)? If so, do you want it provided only at nap time, or throughout the day?

Please help us understand your child's home situation (i.e. living with both parents, spending time alone with each parent, living with grandparent, etc.) This information helps us when we talk about Mother's Day, Father's Day, and families. If your child was adopted, you may share this information with us.

List your child's favorite characters, toys, super heroes, interests, etc.

We offer a short blessing before snacks and meals. If you would like, you may share your religious affiliation, church denomination, etc. This may help us as we celebrate holidays in the classroom. _____

Circle any of the following you are interested in:

- | | | | | |
|------------|--------------|---------------------------|--------|-----------|
| Gymnastics | Cheerleading | Dance (ballet or hip hop) | Tennis | TaeKwonDo |
|------------|--------------|---------------------------|--------|-----------|

From time to time, we like to display photographs of the children in our classes and use photos for our school brochures or website. Please let us know if you agree to have your child photographed and their photo used for these purposes.

Classroom display yes or no **Brochure** yes or no **Website** yes or no

Our classes will have the opportunity to sample different foods during the year. Please let us know if your child has any food allergies or dietary restrictions that would prevent them from trying all foods offered.

Parent Signature and Date _____