

ASBURY PRESCHOOL



a community of caring & learning

Today's date: _____
Preferred start date: _____

Enrollment Application

A \$150.00 application fee must be turned in with this form. This fee is non-refundable and does not guarantee a space. All forms and a current immunization record and physical must be turned in prior to child's first day of enrollment.

Personal and Family Information

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Parent's/Legal Guardian's Name: _____ Relationship to child: _____

Address if different from child's: _____

Home Phone if different from child's: _____ Cell number: _____

Employer: _____ Work Number: _____

Email: _____

Parent's/Legal Guardian's Name: _____ Relationship to child: _____

Address if different from child's: _____

Home Phone if different from child's: _____ Cell number: _____

Employer: _____ Work Number: _____

Email: _____

How did you hear about our center? _____

Emergency Care History

Name of child's doctor: _____ Office Phone _____

Address _____

Name of child's dentist _____ Office Phone _____

Specific Hospital Preference _____ Phone _____

Insurance carrier name _____ Policy # _____

Insurance carrier phone number _____

If neither parent (or guardian) can be contacted, call (please list relationship)

Name _____ home phone _____ office _____

Name _____ home phone _____ office _____

If you cannot come for your child, please give the names of persons to whom the child can be released to:

Please list any persons that can NOT pick up your child: _____

Medical Release and Permission for Medical Treatment

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medications without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Director Signature _____ Date _____

Developmental History

Development: When did your child first:

- Sit up _____
- Walk _____
- Run _____
- Throw a ball _____
- Catch a ball _____
- Speak in sentences _____

Self Help Skills: (please check all skills achieved)

- Puts on shoes _____
- Puts on coat _____
- Zips/unzips _____
- Toilet trained _____
- Washes hands _____
- Puts toys away _____
- Ties shoes _____
- Uses eating utensils _____

Favorites:

- toys: _____
- books: _____

- music: _____
- other: _____

What family activities does he/she enjoy?

Social Growth:

With what age children does your child play with the most? _____

How do you solve conflicts in the home? _____

State briefly how your child gets along with other children. _____

Important Information:

Has your child been enrolled in preschool before? If so where? What was your reason for leaving?

Tell us about any special needs your child may have and what you would like us to do to accommodate them.

(Attach an extra sheet if necessary) _____

Specific Health concerns:

1. Does your child have allergies? Yes No
If yes, please list allergies and explain steps that should be taken in case of accidental exposure.

2. Is your child currently under a doctor's care or on any continuous medications? Yes No
If yes, please explain.

3. Has your child ever been hospitalized? Yes No
If yes, please list the date(s) and reason(s) for hospitalization.

4. Are there any other medical conditions of which we should be aware? Yes No
If yes, please list them.

5. Are there any accommodations that need to be made for any of the above conditions? Yes No
If yes, please specify.

6. Are there any medications needed during the day for any of these conditions? Yes No
If yes, please specify.

Parents'/Guardians' Pledge

I agree to read the Asbury Preschool Handbook and to support the school in enforcing its policies and rules.

By signing below, I am indicating that all information provided within the application is true and accurate.

I understand that the \$150.00 application fee is non-refundable and does not guarantee a space in the program. I understand when a space becomes available I will be given the start date and asked to pay for a full months tuition as a deposit to hold the space for my child. If I choose to not take the space after the deposit is paid it is non-refundable, otherwise it will be applied to my first month of tuition.

Parents'/Guardians' signature

Date

Director's signature

Date

Application fee paid: _____

Check #: _____

Date paid: _____

Child's scheduled visit: _____

Child's developmental placement level:

Infant

Toddler

Two's

Pre-K I

Pre-K II