

GRACE PRESBYTERIAN CHILD CARE
ENROLLMENT FORM

Grade _____ School _____
Extended Care AM _____ PM _____
PreK _____

For Office Use:
Date of Tour _____
Date of Enrollment _____
Tuition _____
Reg. Fee _____

Days attending:
M—T—W—TH—F

Allergies:

Child's Last Name _____ First Name _____ M.I. _____ Name Called _____ Sex _____ Date of Birth _____

Mother's Name _____

Father's Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Place of Employment _____

Place of Employment _____

Hours of Employment _____

Hours of Employment _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Marital Status of Parents _____ If divorced, who has legal custody?*

*We will only deny a parent access to his or her child if we are presented with court issued custody papers. *

Religious Affiliation _____

AUTHORIZATIONS

Person(s) to contact in case of emergency should both parents be unavailable (name, address, and phone number):

Person(s) to authorize to pick up child (name and phone number):

EMERGENCY MEDICAL INFORMATION

Child's Doctor (include phone number) _____

- I authorize Grace Presbyterian to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. () yes () no
- I authorize any licensed physician or medical treatment center to treat my child in case of emergency in which the above physician cannot respond. () yes () no
- I certify that the immunization record is on file at the school my child attends. () yes () no
- I authorize Grace Presbyterian to transport my child to or from school or on other center sponsored activities. () yes () no
- I have received a copy of the summary of Licensing Requirements for Child Care Centers and a copy of center policies. () yes () no

✓ _____
Custodial Parent or Guardian Signature --Mother Date

✓ _____
Custodial Parent or Guardian Signature --Father Date

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This information will be shared with your child's teacher.

Childs Name: _____

****Experiences with others:**

Does your child have any brothers or sisters? If so, names and ages? _____

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

Does he/she react when he/she does not get his/her own way? _____

Do you have any pets? _____ If so, list the types of animals and their names. _____

****Does your child have any special fears?**

(Thunderstorms, clowns, fire drills, etc.) _____

****Does your child have any favorite toys, games, activities or sports?** (Balls, dolls, dinosaurs, etc.) _____

****Toilet Habits:**

Does the child tell you when he/she needs to go? _____ He/She go willingly? _____

Does he/she need help? _____ What words are used for describing BM _____? Urinating _____?

****Eating Habits:**

What is your child's general attitude toward eating? _____ Trying new foods? _____

****Speech and Physical Growth:**

Does your child seem to be right or left handed? _____ right _____ left

She/He talks: _____ Well _____ Fairly Well _____ Not Very Well _____ Not at All

****Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? _____ If yes, explain what type of care is administered at home and by whom? _____

****Is there any other information you think we should have about the child?**

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Childs Name: _____

Last time your child saw a doctor: _____
Month Year

- No specific medical condition
- Asthma---Triggers that may cause problems:_____
- Cerebral palsy / motor disorder
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements:_____
- Any disorder including Cognitively Disabled, LD,ADD,ADHD or Autism
- Milk Allergy
- Soy Allergy
- Food allergies—Specific food(s)_____
- Non-Food Allergies—Specify_____
- Hearing disorders or conditions
- Speech disorders or conditions
- Sight disorders or conditions
- Chronic conditions or illness:_____
- Other condition(s) requiring special –Specify._____
- Has your child been treated or been exposed to an infectious or communicable disease?_____ If yes, please be specific:_____
- Please list any surgeries, broken bones and dates:_____

Do you have any special talents, hobbies, interests, you would be willing to share with your child's class and/or GPCC center?
