

# APPLICATION

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Last) (First) (Middle) Nickname  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Subdivision \_\_\_\_\_

## Information about the Family:

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Information about Your Child:

Does your child have any allergies: No \_\_\_\_ Yes \_\_\_\_ (if yes, Explain)  
Was your child born prematurely: No \_\_\_\_ Yes \_\_\_\_ (if yes, how many weeks?) \_\_\_\_\_  
Is your child receiving any outside services or currently be evaluated: No \_\_\_\_ Yes \_\_\_\_ (if yes, Explain)  
Is he/she undergoing or scheduled for an evaluation: No \_\_\_\_ Yes \_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child had previous preschool experience: No \_\_\_\_ Yes \_\_\_\_ (if yes, where) \_\_\_\_\_

Please give us any information concerning your child, which will be helpful in his experience in group setting (such as play, eating, special fears, likes or dislikes)

## Emergency Care Information:

Name of child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of child's Dentist: \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone \_\_\_\_\_

If neither mother nor father (or guardian) can be contacted, call: **people who live here that can pick up your child**

Name _____	Relationship _____	Home # _____	Work # _____
Name _____	Relationship _____	Home # _____	Work # _____
Name _____	Relationship _____	Home # _____	Work # _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that the family physician can not be contacted immediately.

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

I give my permission to St. Paul's preschool to take photos of my children during preschool time for the purpose of using in house.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission to St. Paul's Preschool to take photos of my children to burn to a disc to distribute to classmates and /or upload to sights such as Shutterfly, Kodak, etc. where only classmates are only invited to view photos.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate resource in the event of emergency. In as emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drugs or any medication 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.

\_\_\_\_\_  
Signature of operator \_\_\_\_\_ Date \_\_\_\_\_