

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 _____

