



## Preschool Enrollment Information and Authorization Form

Anticipated Start Date: \_\_\_\_\_ Drop Off time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

*The preschool opens at 7:30 AM and closes at 5:30 PM*

### Child Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

### Enrolling Parent/Guardian Information

Person Enrolling Child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a DAC Member?  NO  YES Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**CAN YOU BE CONTACTED DURING CHILD CARE HOURS?  NO  YES**

### Additional Parent/Guardian Information

Relationship: \_\_\_\_\_  Same Address as Enrolling Parent?

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**CAN YOU BE CONTACTED DURING CHILD CARE HOURS?  NO  YES**



**Additional Persons Authorized to Pick Up/Additional Contact Persons**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Children in Household**

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**General Information**

<p>Has your child previously been in child care?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please provide center type, name, city, state as well as time in care:</p>
<p>Does your child have experience playing with other children?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please explain:</p>
<p>Do you think your child will adjust well to a child care environment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please explain:</p>
<p>Does your child enjoy being alone?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please explain:</p>



General Information continued

<p>Is your child frightened by any of the following?</p>	<p><input type="checkbox"/> Animals   <input type="checkbox"/> The Dark   <input type="checkbox"/> Loud Noises   <input type="checkbox"/> Storms</p> <p><input type="checkbox"/> Other (Please explain)</p>
<p>By Nature, is your child:</p>	<p><input type="checkbox"/> Friendly   <input type="checkbox"/> Aggressive   <input type="checkbox"/> Shy   <input type="checkbox"/> Withdrawn</p>
<p>How does your child react to strangers?</p>	
<p>What makes your child angry?</p>	
<p>How does your child show their feelings?</p>	
<p>What is the best way to handle your child when they are upset?</p>	
<p>Who does most of the disciplining in your family?</p>	
<p>What kind of discipline is used at home?</p>	
<p>How do you comfort your child?</p>	
<p>Is there a particular way we can help your child this year?</p>	
<p>Reason for requesting child care:</p>	
<p>What do you hope to gain for yourself and/or your child from our program?</p>	

Personal History

What are your child's play habits?	
Is your child a good climber?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child fall easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what age did your child start speaking?	
Do they speak in words or sentences?	
If your child has any special words to describe their needs please share them	
What languages are spoken in your home?	
What are your child's eating habits?	
What is your child's current sleep schedule?	Night time: From _____ To _____ PM Nap time: From _____ To _____
Do they like having their back rubbed to fall asleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your child's typical mood upon wakening?	
What are your child's fears?	
What are your child's likes and dislikes?	



**Toileting Information** *(Potty training is not a requirement for enrollment)*

Is your child ordinarily dry during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child ordinarily dry during naps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can they meet their toileting needs independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have frequent toilet accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child use toilet paper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any problems or issues connected with toileting	

**Medical Information**

Please indicate which communicable diseases your child has had	<input type="checkbox"/> Measles (Big Red) <input type="checkbox"/> Measles (3 Day) <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other (please list)	
Has your child had any serious illness or accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Has your child been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:
Are allergies/health problems serious enough to restrict your child's activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>**If your child has any severe or life threatening allergies, please notify the center director in writing so we may make reasonable accommodations whenever possible.**</b>



Medical Information continued

What arrangements can you make for your child's care during times of illness?	
Does your child have any breathing concerns?	
Are there any foods your child cannot eat?	
Has your child been vaccinated for chicken pox?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other special medical arrangements necessary?	

Physician Information:

Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_



**PRIOR TO ACCEPTED/CONTINUING ENROLLMENT, EACH PARENT/GUARDIAN MUST AGREE TO THE FOLLOWING:**

1. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Newberry child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.
2. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to obtain medical treatment for my child, except for these restrictions, if any: \_\_\_\_\_ . Newberry Child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.
3. My child may be taken on supervised neighborhood walks and excursions.
4. My child may be taken on class field trips. (A field trip permission slip will also be required for each field trip.)
5. My child may be given prescribed or nonprescription medication only if staff is instructed to do so by my child's parent(s) or guardian(s). A separate release form must be filled out for each medication.
6. I have received a copy of Newberry Child Care's Parent Handbook, and agree to adhere to the policies within.
7. My child may be photographed for publicity or news purposes. If I do not wish him/her to be photographed for these purposes, I will indicate so by checking this box:
8. I understand that each parent or guardian must assume full risk for his/her child(ren) and property arising out of participation in Newberry Child Care's programs and activities, and must agree to release, indemnify, and hold Newberry Child Care and the Downtown Athletic Club harmless from any and all risk and liability, except as may arise from the negligent acts or omissions or willful misconduct on the part of Newberry Child Care or the Downtown Athletic Club. Each parent or guardian must further agree to indemnify Newberry Child Care and the Downtown Athletic Club for all legal expenses sustained through any accident or injury caused by parent/guardian or guardian's dependent. Newberry Child Care shall not be liable for articles lost, stolen or damaged.

In the event a parent wishes to withdraw their child from Newberry Child Care, the parent must provide 60 days advanced written notice before withdrawing the child from the program. Should the parent fail to provide advance written notice, the parent will be charged for 60 days of child care after the written notice is received, even though the child is no longer enrolled in the program.

I agree to give 60 days advance written notice before withdrawing my child from Newberry Child Care.

The enrollment fee is non-refundable. Deposits are refunded only in the event we fill the open spot vacated by your child prior to their reserved start date. We do not adjust monthly fees for absence, illness, vacations, or non-participation. If a parent decides to drop their child from enrollment, the parent will be required to pay a new enrollment fee should the child be enrolled again at a later date.

The undersigned hereby agrees to all the terms and conditions set forth

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Signature of Parent or Guardian

Date