



Little Blessings Preschool

For LBP Staff Only	
Enrollment Date:	
Time:	
Amount Paid:	
Cash/Check #:	

REGISTRATION & EMERGENCY INFORMATION FORM

A non-refundable registration fee of \$100 and signed Tuition Contract must be submitted with this form.

IMPORTANT: If registering more than one child, a separate form must be filled out for each child.

Form to be updated annually or as information changes.

Programs: Please indicate 1st and 2nd choice

<p><u>3 year-olds Preschool</u> Children must be 3 by Dec. 31</p> <p>Option 1: M/W 9:00-12:00 _____</p> <p>Option 2: T/Th 9:00-12:00 _____</p>	<p><u>4 year-olds Preschool</u> Children must be 4 by Dec. 31</p> <p>Option 1: M/W/F 9:00-12:00 _____</p> <p>Option 2: M/W 9:00-1:55, F 9:00-12:00 _____</p> <p>Includes Once Upon a Rhyme Enrichment M/W</p>	<p><u>4/5 year-olds Pre-kindergarten</u> Children must turn 5 during the school year and plan to attend Kindergarten the following year</p> <p>M-Th 9:00-1:55 _____</p> <p>Includes our Imagination Station and Once Upon a Rhyme Enrichment Programs.</p>
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Child's Information:

Name: _____			DOB: _____	Gender: _____
First	Middle	Last		M F
Home Phone: _____		Preferred Nickname: _____		
Home Address: _____				
Street		City/State		Zip

Parent/Guardian Contact Information: (Please check phone number to be used in the event of an emergency)

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Home	Home
Cell	Cell
Work	Work

Emergency Contact Information:

In the event of an emergency where a parent/guardian cannot be reached, I authorize release of my child to the individuals listed below.

Name: _____	Relationship: _____	Phone: _____
		Home
		Cell
Address: _____		
Street		City/State
		Zip
Name: _____	Relationship: _____	Phone: _____
		Home
		Cell
Address: _____		
Street		City/State
		Zip

Medical Contact Information:

Pediatrician's Name:	Phone:
Hospital of preference:	

Doctor Diagnosed Allergies: (Please describe reactions)

Foods:
Medications:
Seasonal:
Bee Sting: Other:

Has your child experience any of the following?

Vision Difficulty: Y N	Wears glasses? Y N	For: Near Far Other
Additional Information:		
Hearing Difficulty: Y N	Frequent ear infections? Y N	Tubes? Y N Hearing aids? Y N
Additional Information:		
Speech Difficulty: Y N	Receives speech & language services? Y N	Began on:
Additional Information:		
Does your child take any daily medications? Y N	Specify:	
Any other medical conditions/concerns? Y N	Specify:	

Other Information:

Siblings Names and Dates of Birth:		
Bed Time:	Rising Time:	How often do you read with your child?
Favorite Toys:		Favorite Books:
Interests:		Fears:
Special Celebrations?:		Pets:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

<p>I hereby give consent for the staff of Little Blessings Preschool to provide first-aid treatment to my child when necessary and, in the event of a more serious illness or injury, I give consent for my child to be transported to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue personnel and licensed health practitioners at the hospital or emergency medical facility to examine and administer emergency medical treatment for my child as is medically necessary and warranted. I understand that I will be contacted by LBP/Bethany Covenant personnel as soon as possible regarding any emergency involving my child.</p>	
Parent /Guardian Signature:	Date: