

Office use only:
 Date Received _____
 Class _____
 Amt. Pd. _____
 Confirm _____

Please check your class choice(s)

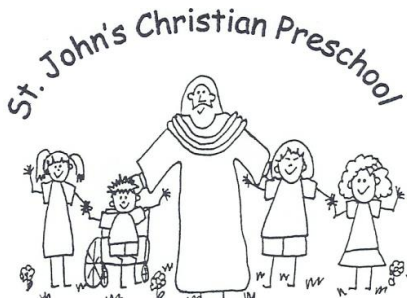
3-year-olds
 M/W AM _____ T/TH AM _____ (8:30 - 11:30 AM)

4&5-year-olds
 M/W AM _____ T/TH AM _____ (8:30 - 11:30 AM)
 T/TH Full-day _____ (8:30 AM - 3:00 PM)
 4-day AM (M-TH) _____ (9:00 - 11:30 AM)
 3-day PM (T,W,TH) _____ (12:30 - 3:00 PM)

Friday 3,4&5-year-olds added to any session
 FRI AM _____ (9:00 - 11:30 AM)

Pre-K child must be 5 yrs. by 12-31-19
 M/T/W/TH PM _____ (12:30 - 3:00 PM)
 Optional Friday Full-day _____ (9:00 AM - 2:00 PM)
2 Fridays/mo. for children enrolled in Pre-K

Early Drop-Off
 T/TH AM _____ (8:00 - 9:00 AM) or (8:00 - 8:30 AM)



**Enrollment Form
 2019-20**

Child's Name _____ Birth Date _____ M or F
 How you would like your child to recognize and write his/her name: _____
 Home Address _____ Home Phone _____
 City, State, and Zip _____
 County _____

Mother's Name _____
 Home Address (if different from above) _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Father's Name _____
 Home Address (if different from above) _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Authorized Pick-Up List: I give permission for the following people to pick my child up from school. No other person will be allowed to take my child from school without written notice, dated permission, and photo I.D. It will be assumed that *both* parents are included – please indicate if this is not true. **Both Parents' Right to Pick Up:** Under the laws of the state of Ohio, both parents may have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick-up list, must file an official court document (e.g., current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the center may release the child to either parent, provided that parent documents his paternity/her maternity of the child.

1. _____ Relationship to child _____ Phone _____
2. _____ Relationship to child _____ Phone _____
3. _____ Relationship to child _____ Phone _____

Additional Information:

Please list other children in family:

1. _____ age _____
2. _____ age _____
3. _____ age _____
4. _____ age _____

Home Visits will be conducted for each newly enrolled child during the last week of August. Please indicate if you prefer a morning/afternoon/evening visit. _____

Church Affiliation: _____

Permission to Videotape and/or Photograph:

I give permission for St. John's Christian Preschool to videotape and/or photograph my child while at preschool. They may be used for observation techniques, classroom projects, publicity, parent meetings, special events, and/or St. John's archives.

Parent/Guardian Signature _____
Date

Permission for Web Site:

- Yes, I give permission for my child's picture to be on St. John's Christian Preschool website and Facebook. (The pictures will *not* include children's names.)
- No, I do not give permission for my child's picture to be on the website or Facebook.

Parent/Guardian Signature _____
Date

Routine Trip Permission:

I give permission for my child to walk to the chapel, sanctuary, fellowship hall, kitchen, and outside on church property (areas not part of our approved child care space) during the 2019-20 school year.

Parent/Guardian Signature _____
Date

Ages and Stages Questionnaires:

I am willing to fill out Ages & Stages Questionnaires about my child's development and return them within 30 days. (The questionnaires will be in your Open House folder.)

Parent/Guardian Signature _____
Date

Permission to Share Information:

Preschool staff will only share information regarding children's development with the parent/guardian. If you'd like them to share information about your child with another adult, please complete:

I give permission for the preschool staff to share information regarding my child's development with the following (please include relationship to child): _____
_____.

Parent/Guardian Signature _____
Date

Health Information:

List all allergies: (Any special precautions or treatment for these allergies MUST be noted on a CHILD MEDICAL/PHYSICAL CARE PLAN prescribed form.)

List any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:

List any chronic physical problems and history of hospitalization: (Any special precautions or procedures MUST be explained on a CHILD MEDICAL/PHYSICAL CARE PLAN prescribed form.)