

Jarvis Preschool Enrollment Form

1st Class Choice: _____ 2nd Choice: _____ 3rd Choice: _____



School Term: _____

Student's Name: _____		
Last	First	Middle
Preferred Name: _____	Grade Level: _____	
Date of Birth: _____	Gender: _____	

Address Line 1: _____		
Address Line 2: _____		
City: _____	State: _____	Zip: _____
Home Phone 1: _____ <input type="checkbox"/> Listed	Home Phone 2: _____ <input type="checkbox"/> Listed	
Email Address: _____		
Church Affiliation: _____		

Father's Name: _____		
Last	First	Middle
Preferred Name: _____	Email Address: _____	
Cell Phone: _____	Church Affiliation: _____	
Employer: _____	Job Title: _____	
Emergency Contact: <input type="checkbox"/>	Allowed to Pick Up Child: <input type="checkbox"/>	

Mother's Name: _____		
Last	First	Middle
Preferred Name: _____	Email Address: _____	
Cell Phone: _____	Church Affiliation: _____	
Employer: _____	Job Title: _____	
Emergency Contact: <input type="checkbox"/>	Allowed to Pick Up Child: <input type="checkbox"/>	

Emergency Contacts (Emergency Contacts other than Parents)

1) Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____

2) Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____

3) Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to Pick Children Up From School)

1) Name: _____ Phone Number: _____

License: _____ Tag: _____

Notes: _____

2) Name: _____ Phone Number: _____

License: _____ Tag: _____

Notes: _____

3) Name: _____ Phone Number: _____

License: _____ Tag: _____

Notes: _____

List all children in the family in order of birth, including children being registered. Give ages they will be as of school's opening.

_____ sex _____ age _____ School Grade _____

_____ sex _____ age _____ School Grade _____

_____ sex _____ age _____ School Grade _____

_____ sex _____ age _____ School Grade _____

Church Affiliation: _____

Is he/she adopted? _____ Does your child know? _____

What age group does your child play with? _____

Favorite play interest: _____

Family pets: _____

Has your child ever attended preschool? _____ Where? _____

What do you hope your child will gain from Jarvis Preschool? _____

Significant information which would contribute to a better understanding of your child and his/her needs:

Does your child go to the bathroom alone? _____

Can your child manage his/her own clothes? _____

Children's Medical Report

NOTE: IMMUNIZATION RECORD (G.S. 130A-155b) IS REQUIRED WITH SUBMISSION OF PRESCHOOL APPLICATION. ALL CHILDCARE FACILITIES REQUIRE THIS INFORMATION ON FILE.

A. Medical History (May be completed by parent)	
1. Is child allergic to anything?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what? _____	

2. Is child currently under a doctor's care?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, for what reason? _____	

3. Is the child on any continuous medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what? _____	

4. Any previous hospitalizations or operations?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, when and for what? _____	

5. Any history of significant previous diseases or recurrent illness?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Diabetes No <input type="checkbox"/> Yes <input type="checkbox"/> Convulsions No <input type="checkbox"/> Yes <input type="checkbox"/>	
Heart Trouble No <input type="checkbox"/> Yes <input type="checkbox"/>	
6. Does the child have any physical disabilities?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please describe. _____	

Any mental disabilities? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, please describe. _____	

Signature of Parent or Guardian _____	
Date _____	

Medical Release

I give my permission for _____ to go on school sponsored trips accompanied by school personnel. I give my permission for the school to use its best judgment in the administration of first aid when I cannot be reached. In the event of an accident or emergency, the school reserves the right to call a doctor if a parent of the child cannot be reached. We request that the attending physician have permission to administer medicine or make medical decisions.

Parent's Signature _____

Date _____

Handbook Policies and Procedures

By signing this form, I have read, understand, and will abide by the policies and procedures as stated in the Jarvis Preschool Handbook.

Parent's Signature _____ Date _____