



Little Lighthouse Preschool

Enrollment Application

Child's Name _____ Gender Male / Female

(Last Name)

(First)

Nickname _____ Date of Birth ____/____/____ Child Lives With _____

Home Address _____

Street

Apt. #

City

Postal Code

Mother/Guardian _____

(Last Name)

(First)

Home Address _____

(if different from above)

Street

Apt. #

City

Postal Code

Telephone (Home) _____ (Cell #) _____ Email _____

Employer _____ Work # _____

Father/Guardian _____

(Last Name)

(First)

Home Address _____

(if different from above)

Street

Apt. #

City

Postal Code

Telephone (Home) _____ (Cell #) _____ Email _____

Employer _____ Work # _____

Emergency Contacts (to be notified in case of emergency if parent/s cannot be reached)

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Person(s) permitted to pick up your child from preschool. Notification by parents MUST be given if someone other than listed person/s will be picking up your child.

Signature _____ **Print Name** _____ **Date** _____

We send home a list with the names and phone numbers of our preschool families. Please check if you would like to be included. Yes No



Little Lighthouse Preschool

Health History Information

Child's Name _____ Date of Birth ____/____/____
(Last Name) (First)

Medical Physician _____ Phone _____

Name of practice _____

Date of your child's last physical examination _____

Please give a brief statement as to your child's general health _____

Any condition(s) requiring special care, specify _____

Has your child had any of the following illnesses (please put dates)

___ measles ___ mumps ___ whooping cough ___ pneumonia
___ chicken pox ___ meningitis ___ hepatitis ___ other _____

Allergies (i.e. asthma, hay fever, insect bites, medicine, food restrictions) _____

Regular Medications _____

Please provide a copy of your child's Immunization Records (required by the state of Washington)

Any concerns with your child's speech, hearing or vision? _____

Does your child have any physical restrictions? _____

Is your child potty trained? Y / N Does your child have accidents? _____

How does your child indicate bathroom needs? (include special words) _____

Does your child have any food restrictions or dietary needs? _____

Signature _____

Print Name _____ Date _____



Little Lighthouse Preschool

Medical Treatment Consent

In the event that our/my child, _____ (child's name) becomes ill or sustains any injury while in the care of Little Lighthouse Preschool, including field trips, we/I give our/my permission to those in charge to take whatever steps are necessary to treat my child. If it is not possible to reach the doctor named on this form, or to receive instructions for our/my child's care, consent is given to any licensed physician to administer drugs and/or medicines and perform such surgical procedures as he/she shall think the existing emergency requires for the relief of pain and/or to preserve his/her life and health.

I hereby agree to pay any and all expenses incurred by such illness or injury.

Signature _____ Date ____/____/____

Print Name _____

Insurance Information

Name of Insured _____

Name of Insurance Company _____

Policy and/or Group Number _____

Medical Physician _____ Phone _____

Name of practice _____

Media Permission

I grant Little Lighthouse Preschool, its representatives, and employees the right to take video and/or my child in connection with school and activities held on/off campus. I authorize Little Lighthouse Preschool, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Little Lighthouse Preschool may use such photographs of me/or my children with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understood the above (initial) _____

Yes, I give permission (initial) _____

No, I do NOT give permission (initial) _____



Little Lighthouse Preschool

Getting to Know Your Child

- Does your child have siblings? If so, please list names and ages.

- What are your child's special interests, abilities or talents

- Does your family have any special interests, hobbies, abilities, talents, etc. that you would like to share with the preschool?

- What does your child especially enjoy doing?

- Previous experience with other children/daycare

- What would you like your child to gain from this preschool experience?

- How did you find out about Little Lighthouse Preschool?
