



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

| | | | |
|--|---|---|---|
| Early 3's Must turn 3 during school year. T/W/Th 9:00-11:30 _____ | Pre-K 3 Must turn 3 by Dec. 31st Choose 1 of the following options: Opt 1: T/Th 9:00-12:00 _____ Opt 2: M/W/F 9:00-12:00 _____ | Pre-K 4 Must turn 4 by Dec. 31st M/W/F 9:00-1:55 _____ | Pre-K 5 Must turn 4 by Sept. 1st M-F 9:00-1:55 _____ |
|--|---|---|---|

Child's Information:

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

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: <small>Home</small> _____ <small>Cell</small> _____ <small>Work</small> _____ | Phone: <small>Home</small> _____ <small>Cell</small> _____ <small>Work</small> _____ |

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: <small>Home</small> _____ <small>Cell</small> _____ |
| Address: _____ <small>Street City/State Zip</small> | | |
| Name: _____ | Relationship: _____ | Phone: <small>Home</small> _____ <small>Cell</small> _____ |
| Address: _____ <small>Street City/State Zip</small> | | |

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:

By signing below I 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.

By signing below I am authorizing Emergency Medical Treatment as described above, and agree that all information on this registration form is accurate and up to date. If any information changes during the school year, I will provide an update to Little Blessings Preschool.

Parent/Guardian signature: _____

Date: _____