



# 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

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

### Child's Information:

Name: _____			DOB: _____	Gender: M F
First	Middle	Last		
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:**

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: \_\_\_\_\_