

OFFICE USE ONLY

Health Form: _____ Immunizations: _____

Allergies/Other: _____

Teachers' Names _____

2021-2022

Epworth Preschool Confidential Enrollment Form

Child Information

Name of Child _____
(first) (middle) (last)

Preferred Name _____ Date of Birth _____ Gender _____

Address _____
(street) (city) (zip code)

Primary Phone # _____ Primary Email Address _____

Parent Information

Parent 1 Name _____ Phone # _____

Occupation/Business Name _____

Work/Other Phone # _____

Parent 2 Name _____ Phone # _____

Occupation/Business Name _____

Work/Other Phone # _____

Emergency Contacts (other than parents) to be reached in case of sickness or emergency

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Authorized to Pick Up Child (other than parents)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Provider _____ ID #: _____

Present health _____

Full term baby? _____

Allergies _____

If allergies, how is he/she affected? _____

Has your child been prescribed an Epi-pen for this allergy? _____

Other Medical Conditions/Illnesses _____

Please indicate date (month/year) of child's last medical check-up _____

****The Children's Health Form with confirmation of a medical exam conducted in the last 12 months and signed by a physician, in addition to vaccination records, must accompany this form.***

Emergencies

In the event of an emergency or if my child becomes ill, I request that you call **911** or our family physician, Dr. _____ at my expense. I authorize any licensed physician to provide proper treatment, order injections, or hospitalize in an emergency. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delays in emergency treatment that the physician may deem advisable in the exercise of his best judgment. I presume a reasonable attempt will be made to contact me. I also understand the school, the church, and the staff of Epworth Preschool cannot be held responsible for unavoidable accidents.

Signature _____

Date: _____

Family Information

Child lives with (please circle one):

Both Parents

One Parent

Other (please explain) _____

Siblings:

Name

Age

Sex

Other members of the household/relationship to child _____

Additional important family information you'd like to share _____

Special Needs

Does your child have any special needs or developmental delays (diagnosed or other)? _____

If so, please explain: _____

How will this affect their preschool experience and what, if any accommodations/considerations are needed (therapy, etc.)? _____

Primary Language

Is English the child's first/primary language? _____

If not, please list child's primary language(s) _____

Does he/she speak or understand English in addition to primary language? _____

****Note: Children who do not speak or understand English as their primary language may have difficulty transitioning if this is their first preschool experience. It is recommended that you provide other English speaking experiences as well as practice speaking some English at home prior to the start of preschool.***

Characteristic Behavior

How does child relate to and interact with other children? _____

To adults? _____ To new situations? _____

Child's special interests _____

Does your child have any fears or concerns that you would like us to know about? _____

Please list any other information about your child that you think would be helpful for us to know:

Past Experiences

Has your child ever attended preschool or other child care prior to Epworth? _____

If so, please list the names of all previously attended care or preschools: _____

Dietary Preferences and/or Restrictions

Please indicate any restrictions or preferences about food your child may consume at school. Be specific, please!
(Examples: vegetarian, eggs & dairy ok or vegetarian, no animal products at all, or no beef or pork, etc.)

Family Sharing

Please list below any hobbies, interests, careers, ethnic or religious traditions, or travel experiences that you would like for us to know about or would be willing to share with your child's class:

Epworth Preschool Authorization/Release Information

Please complete each of the following sections completely.

Field Trips (Not applicable to children under 3)

My child has my permission to go on class field trips. I understand that all children will be seat-belted/restrained according to NC State Law while transported, and that I will receive notification and information regarding each trip in advance. I also understand that Epworth Preschool personnel will not be held responsible in the event of an accident.

Signature of Parent: _____

Date: _____

Release for Photos & Video

Epworth Preschool uses photographs for a variety of projects, including posting around the school, the school website, Facebook/Instagram, class websites, preschool fairs, workshops for teachers, etc. We occasionally also have special events that could be covered by the local papers or TV media.

Because we are sensitive to the safety and privacy of your family, at no time will the names of our students accompany their photographs. Below is a release which allows you to indicate your preferences about how photographs of child can be handled.

Please choose one:

_____ I agree that photographs and other images may be used for any publication, including those prepared for both an internal and external audience.

_____ I do **not** want photographs and other images of my child to be used for the following Epworth projects (check any that apply):

_____ Class website (private) _____ School website

_____ Facebook/Instagram _____ Local media

_____ No, I do not want my child's photographs used in any way

Signature of Parent: _____

Date: _____