



Children of Hope

CHILDREN OF HOPE PRESCHOOL ENROLLMENT FORM
(Form to be completed by the first day of school)

Name of child (Last) (First) (Middle) Birth Date (Month/Day/Year)

Name Child is to be called Gender: Male Female

Home Address

Home Phone

First Parent/Guardian's name Cell phone

Address (if different)

Place of employment Work phone

Email:

Second Parent/Guardian's name Cell phone

Address (if different)

Place of employment Work phone

Email:

Is second parent authorized to pick up child? Yes No
If not, a copy of the court order is required if a parent is not authorized to pick up the child.

Child lives with: Both Parents Mother Father Other

If other, please explain:

To which email address should notices and newsletters be sent?

Release Information

Please put emergency contacts in the order you wish to have us call these people. For example, first contact will be the first person called if we cannot contact you. Second contact will be called if first contact is unavailable, and so on. These people may be asked to come and get your child if you cannot be reached.

The following persons **ARE AUTHORIZED** to pick up my child: **Proper notification and ID are required before the child will be released to anyone!**

1) Name _____ Relationship to child: _____

Address _____

Phone _____

Emergency Contact Release Only

2) Name _____ Relationship to child: _____

Address _____

Phone _____

Emergency Contact Release Only

3) Name _____ Relationship to child: _____

Address _____

Phone _____

Emergency Contact Release Only

4) Name _____ Relationship to child: _____

Address _____

Phone _____

Emergency Contact Release Only

(You may attach additional names on another page)

The following persons are **NOT** authorized to pick up my child:

1) Name _____ Relationship to child: _____

Address _____

Phone _____

2) Name _____ Relationship to child: _____

Address _____

Phone _____

Demographic Information

All questions are optional in this section:

In addition to parents, who resides in the home with the child?

Has your child had preschool screening? Yes _____ No _____

Do you consider your child: Right-handed _____ Left-handed _____ Undetermined _____

What religious affiliation do you consider your family to be? _____

Has your child been baptized? Yes _____ No _____ If not, are you interested in doing so? _____

Does your child attend Sunday School? Yes _____ No _____

Do you have a "home" church? Yes _____ No _____

If yes, would you mind sharing the name of your congregation: _____

If not, would you be interested in receiving a phone call from our Cross of Hope Pastor? _____

Medical Information

The welfare of your child is the first concern of our school staff. In case of a **serious** medical emergency illness, **911 will be called**. Then the parent or guardian and physician will be called and the name of the physician will be given to the emergency personnel. You should make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school and you are not able to be contacted. Please update this information during the school year as needed.

This speeds emergency care according to your wishes.

Child's Physician/Clinic: _____ Phone Number: _____

Address: _____

Child's Dentist: _____ Phone Number: _____

Address: _____

Does your child have any of the following? If yes, please explain. (Further forms may be needed for licensing purposes.)

Special Needs _____

Allergies _____

Asthma _____

Dietary Restrictions _____

Physical Restrictions _____

Chronic or Reoccurring Illnesses _____

Other that we should be aware of _____

Is your child taking any Medications?: Y _____ N _____

If yes, what kind and why? _____

Emergency Release

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Please read and initial each item below and sign at the bottom

_____ I authorize Children of Hope Preschool Staff to initiate Emergency Care for my child if the need arises (i.e. First Aid and/or CRP)

_____ I authorize Children of Hope Preschool Staff to apply sunscreen, insect repellent, lotion and/or lip balm (all of which would be supplied by me) to my child as needed.

_____ I authorize Children of Hope Preschool Staff to take whatever emergency medical measures deemed necessary for the care and protection of my child. I understand that this may involve calling 911 and may involve transporting my child to _____ hospital. (Please list the hospital of your choice). I understand I will be notified as soon as possible. I assume the financial responsibility fully for acts by Children of Hope and medical professionals if such a situation should arise.

I have read this agreement and I am in agreement with what it states.

Parent/Guardian Signature: _____ Date: _____

Information on this enrollment form is correct as of _____ (today's date)

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

I have received, read and understood the **parent handbook**. I understand that the policies are evaluated annually and I will be notified of changes in writing.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

Date of Birth: _____



Children of Hope

Prior Experience Inventory

Dear Parent's,

This form is designed to provide information about your child's experiences prior to entering school this fall. It will aid the teachers in discovering your child's interests and abilities. It will also help them plan appropriate and meaningful lessons and activities. Please feel free to leave unanswered questions that you feel are unimportant or which you do not wish to complete, keeping in mind that this information will only be used to aid in your child's education.

Has your child ever gone to a nursery school or day care program?

yes How long? _____ Name/Type of program _____
 no

Has your child traveled by:

Bus Plane Train other

How far can your child count?

up to 3 up to 20
 up to 5 up to 100
 up to 10 over 100

Circle the numbers your child recognizes:

1 2 3 4 5 6 7 8 9

Circle the numbers your child recognizes:

**A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z**

Does your child read words in the environment? i.e. STOP

yes List some of these word: _____
 no

How often has your child been read aloud to in the past 2 years?

every night
 1-3 times per week
 1-2 times per month
 rarely
 never

How often has an adult figure played indoor or outdoor organized games with your child?

- often
- once in a while
- rarely
- never

Approximately how many times per week does your child watch television for more than one hour?

- none
- one or two
- three or four
- five or six
- daily

Has your child gone on a camping trip?

- yes
- no

Does your child have responsibilities in the home such as setting the table, caring for a pet, making his/her bed?

- yes Tell us about them: _____
- no

Does your child know the following information:

- | | | |
|------------------------------|------------------------------|------------------------------|
| their last name? | their address? | their phone number? |
| <input type="checkbox"/> yes | <input type="checkbox"/> yes | <input type="checkbox"/> yes |
| <input type="checkbox"/> no | <input type="checkbox"/> no | <input type="checkbox"/> no |

Does your child take a nap?

- yes on a regular basis? _____ for how long? _____
- no

Is your child able to take care of their own bathroom needs?

- yes
- no

Has your child been exposed to musical instruments?

- yes List some of these: _____
- no

What toys does your child enjoy at home?

List anything special about your child you would like to share with their teachers:

List any areas you would like emphasized for your child this school year:

List any family traditions and or customs that would influence how we should care for your child at school: