



Male Female
Class: 1's 2's 3's PreK
Enrollment Date: _____ Withdrawal Date: _____
Enrollment Fee: \$75 Date Paid _____
 Cash Check# _____ Brightwheel

Enrollment Form 2022-2023

Director: Jackie Arias

Child's Full Name _____ Date of Birth __/__/__ Age__

Child lives with: Both Parents Mom Dad Guardian/Other _____

Street Address: _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Parent/Guardian Completing Form First Name _____ Last Name _____

Address (if different from the child's) _____

Phone # _____ Work # _____ Email _____

Parent/Guardian #2 First Name _____ Last Name _____

Primary Phone# _____ Work# _____ Email _____

Please list any other children in the home:

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Emergency Contact: In the event of an emergency, list person(s) to call if neither parent can be reached.

Name _____ Relationship to child _____

Phone # _____ Address _____

Name _____ Relationship to child _____

Phone # _____ Address _____

People Authorized to Pick Up:

Full Name: _____ Address: _____ Phone # _____

Full Name: _____ Address: _____ Phone # _____

Full Name: _____ Address: _____ Phone # _____

Parent/Guardian Signature _____ Date _____

Childs Additional Information _____

If your child has any food allergies a **Food Allergy Action Plan** must be completed and signed by physician. This must be on file before your child's first day of school.

Plan Submitted On _____

Food Allergies _____

A reaction will occur if : (mark all that apply) Ingested physical contact airborne

Environmental Allergies (including insect bites/stings) _____

Does your child require an EpiPen to treat any of these allergies? No Yes

If "yes", parent/guardian must supply two EpiPens to be kept at the preschool at all times.

Any other information your think our staff should be aware of _____

Authorization Of Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Address _____ Phone# _____

Emergency Care Facility _____ Address _____ Phone# _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Legal Guardian Signature _____ Date _____

Is child covered by personal/family medical insurance? Yes No

Name for insurer: _____ Policy of group number: _____

Admission Requirements:

- Copy of parent/guardian driver's license
- Updated copy of child's shot records.
- One of the following
- A signed and dated affidavit stating medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of.
- Statement: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to Eastridge Baptist Preschool.

Name of Health Care Professional _____ Phone # _____

Address of Health Care Professional _____

Parent/Guardian Signature _____ Date _____

Are you a church member? _____ Do you have a church home? _____

Would you like more information about Eastridge Baptist Church? Yes No

How did you hear about us? _____

PHOTO RELEASE

Throughout the school year we take pictures in the class room and at different events that we will post on social media to share with parents and our community. Please check one of the following

I, _____ **Do** **Do Not** grant permission for Eastridge Baptist Preschool to use photographs and/or video of my child (child's name) _____ in publications, news releases, online, and in other communications related to the mission of Eastridge Baptist Preschool.

Parent/Guardian Signature _____ Date _____

Water Activities

I give consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools water slide

Parent/Guardian Signature _____ Date _____

In order to meet legal requirements, I hereby authorize any representative of Eastridge Baptist Preschool to give consent for any and all necessary emergency medical care for my child while said child is in care. I do hereby release Eastridge Baptist Church from any and all claim that might occur while my child is attending Eastridge Baptist Preschool.

Parent/Guardian Signature _____ Date _____