



Where Imagination Happens

5296 Detroit Rd. Sheffield Village
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Enrollment Date: _____

Information Update Only: _____

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Please indicate if this name should be released if a parent/guardian, of a child attending the preschool, requests contact information for other parents/guardians. Yes No

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:



Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

If yes, a JFS 01236 "Medical/Physical Care Plan" and a JFS 01217 Request for Administration of Medication" must be completed.

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize Wittle Town Preschool to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.

Yes No I authorize use of children's cough syrup, strips or (cough drops as appropriate for age).

Yes No I authorize use of children's allergy or cold medicine for runny or stuffy nose.

Yes No I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize Wittle Town Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Parent Handbook

I have reviewed and received a copy of the program's policies and procedures in the parent handbook.

Check one: Yes () No ()

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, wading pool, and swimming pool. Many precautions are being taken at our facility to help keep children safe when participating in water play, including but not limited to: Staff trained in an approved water safety course is present during water swimming activities, children learn water safety rules, and an emergency plan is in place for pool related activities.

I authorize my child to participate in ALL water activities offered.

Except: _____

I do NOT authorize my child to participate in ANY water activities.

I consider my child to be: a swimmer (swims 25+ feet without touching) non-swimmer

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things.

Please mark the appropriate box(s):

I give permission to Wittle Town Preschool to take photographs/videos of the above named child.

Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child starting the program.

(Date)

(Signature of parent/guardian)

(Date)

(Signature Administrator)

