Three year old program_____ Four year old program _____(yr before kindergarten)

Child's Name _____
Last, First Middle

Sex (circle one): M F Birthdate: _____ Nickname _____

Street Address_____ Town _____ Zipcode _____

Home Telephone #_____ Child lives with (circle one): Mother Father Both Guardian

Mother's Name _____

Home #_____ Work # _____ Cell #_____

Father's Name _____

Home #_____ Work # _____ Cell #_____

E-mail Address: _____

Do you give permission for your child's picture to be in the news media? Y N

Names of the people that may pick up your child:

1) _____

2) _____

3) _____

Siblings' names _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Physician's name: _____ Phone #_____

Schools last attended: _____

Programs attended: _____
(Ex. Gymnastics class)

What is your child's hand preference? (circle one) Left Right Unknown

Emergency names and phone numbers:

1) _____ phone#_____

2) _____ phone #_____

3) _____ phone #_____

IS YOUR CHILD ALLERGIC TO ANY OF THESE?

Food: (If yes, be specific) _____

Medicine: _____

Bee stings_____ Has an Epi-Pen (circle yes or no) Y N

Behavior Assessment

Please answer the questions below

No	Yes		No	Yes	
___	___	Bedwetting	___	___	Speech problems
___	___	Sucks thumb	___	___	Has many fears
___	___	Bites nails	___	___	Angers easily
___	___	Overactive	___	___	Extreme shyness
___	___	Biting	___	___	Sleep problems
___	___	Tires easily	___	___	Poor appetite
___	___	Born premature	___	___	Dizzy spells
___	___	Fainting	___	___	Unconsciousness
___	___	Convulsions	___	___	Imaginary friend

Is there anything your child doesn't like? Please explain on the lines below.

_____

_____

Is your child taking any medication daily?_____

Name of medication and dosage: _____

Reason for medication: _____

Has your child had any serious illnesses or health issues that would restrict their activities? Please explain:

_____

_____

_____

Is your child potty trained? (able to use the toilet and wipe themselves on their own without assistance) _____Yes _____No

Please have your doctor complete both the Universal Child Health Record and provide an updated vaccination record. Compliance is mandated by the state!

A copy of the birth certificate must accompany this application.

All paperwork needs to be completed before the first day of school!

This is not a tax-deductible program.