

Fidelity House Preschool Enrollment Form

Child's Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Home Address: _____

Cell Number: _____ Email Address _____

Business Name: _____

Business Address: _____

Business Phone: _____ Hours at Work: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Home Address: _____

Cell Number: _____ Email Address _____

Business Name: _____

Business Address: _____

Business Phone: _____ Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff at Fidelity House who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____ Phone Number: _____

Address: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____ Relationship to child _____

Address _____

Home Phone _____ Cell _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to child _____

Address _____

Home Phone _____ Cell _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to child _____

Address _____

Home Phone _____ Cell _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

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DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Does your child eat with a spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Has toilet training been attempted? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

What time does your child go to bed at night? _____ and get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this preschool experience? _____

Siblings/ages _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child?

Parent/Guardian Signature

Date

Fidelity House Preschool

Walking Permission Form

_____ (*child's name*) has my permission to leave Fidelity House Preschool to go on special school walking trips with the preschool teachers. This includes trips to the library, police station, fire station, post office, Parallel Park, Spy Pond Park, or any other walkable trip.

Signature _____ Date _____

Media/Photo Release

I hereby affirm that I am the parent/guardian of _____

I give my consent: Yes No

for photographs of this child to be used and/or reproduced for the display or publication on Fidelity House's website and social media platforms or in future brochures, newspaper releases, or in-service training to volunteer groups.

Signature _____ Date _____