

FIRST PRESBYTERIAN PRESCHOOL

1340 Murchison, El Paso, TX 79902

ENROLLMENT RECORD

| | |
|--------------------------------|-----------|
| Child's Name (Last Name First) | |
| Address | Zip |
| Billing Address | Zip |
| Who does the child live with? | |
| Sex M F | Birthdate |

| |
|-------------------|
| Previous School |
| Church Preference |

| | |
|----------------------------|---------------|
| Child's Doctor | Phone |
| Doctor's Address | |
| Hospital Preference | |
| Date Enrolled (Start Date) | Date Released |

| | |
|-----------------|------------|
| Parent/Guardian | Home Phone |
| Relationship | Cell Phone |
| Occupation | Work Phone |
| E-mail address | |

| | |
|-----------------|------------|
| Parent/Guardian | Home Phone |
| Relationship | Cell Phone |
| Occupation | Work Phone |
| E-mail Address | |

| | | | |
|--------------------|------------|-------|-----|
| Grandparent's Name | Home Phone | | |
| Address | City | State | Zip |
| Grandparent's Name | Home Phone | | |
| Address | City | State | Zip |

Person to Call in Case of an emergency, when parent can not be reached:

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> | <u>Alt. Number</u> |
|-------------|---------------------|---------------------|--------------------|
| 1.) _____ | | | |
| 2.) _____ | | | |

Persons in addition to parents listed above, authorized to pick up Child:

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> | <u>Alt. Number</u> |
|-------------|---------------------|---------------------|--------------------|
| 1.) _____ | | | |
| 2.) _____ | | | |
| 3.) _____ | | | |
| 4.) _____ | | | |

I hereby give my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or my spouse before such action is taken. It is understood and agreed that the First Presbyterian Church of El Paso, Texas or its representative does not assume any financial responsibility for any expense that might be incurred for said emergency treatment.

I hereby grant permission for my child to participate in all supervised field trips and water play activities, which might be scheduled during his/her enrollment in this preschool.

I hereby grant permission for First Presbyterian Preschool staff to apply sunscreen, insect repellent, diaper ointment, hand lotion and any other topical cream or ointment needed for first aid or such other creams as the Preschool staff deems fit during enrollment at the preschool.

I acknowledge that I have received and read First Presbyterian Preschool's Parent Handbook.

Parent/Guardian Signature Date

Pictures and/or Videos of my child taken by First Presbyterian Preschool staff or assigned person may be used in school publications, the website, social media and in-house publication.

Parent/Guardian Signature Date

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ENROLLMENT RECORD

NAME OF CHILD _____ ROOM NUMBER _____ TEACHER _____

| SIBLINGS | NAME | AGE | SCHOOL |
|----------|------|-----|--------|
| | | | |
| | | | |
| | | | |

OTHER INFORMATION

Parent's evaluation of child's health. _____

Does the child have any special problems/fears or anxieties? _____

Does your child have any speech problems?

Has your child ever been referred to or evaluated by a professional to determine if he/she may have a speech or language impairment/delay, hearing impairment or other health concern? If so, please describe. _____

Has your child ever been referred to or evaluated by a professional to determine if he/she may have a learning disability or developmental delay? If so, please describe. _____

Following the referral did you attend an ARD meeting? _____ Date _____

Did the committee develop an IEP for your child? (If yes, please provide a copy) _____

Does your child have any other problems that we should be aware of? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

How would you best describe your child's personality? _____

Does your child have any allergies? _____ If so how does it manifest itself?

Food _____ Asthma _____ Hay Fever _____ Hives _____ Other _____

Please describe what restrictions or modifications this allergy requires, including what foods your child needs to stay away from at snack/meal times. If the instructions are detailed, feel free to write a brief description with specific instructions attached.

Do you know what the allergy is caused by? _____

Please add any addition information that will help in the teacher's relationship with your child. For example, if he/she is left-handed, uses a different language at home, musical, a poor eater, interested in jungle animals, etc..