



PREK 2 - PREK 3 Application For Enrollment

PLEASE NOTE: IT IS LEGAL FOR EITHER PARENT TO PICK UP THEIR CHILD, AT THEIR DISCRETION, UNLESS A CERTIFIED/NOTARIZED COPY OF A COURT ORDER RESTRICTING VISITATIONS IS IN THE CHILD'S FILE IN THE OFFICE OF THE ACADEMY.

Date _____

Name of child _____

First

Middle

Last

Date of Birth _____ Sex _____

Address _____ City _____ Zip _____

Mother's Telephone # _____ Father's Telephone # _____

Mother's Name _____ **Marital Status** _____

Address _____ City _____ Zip _____

Place of Employment _____ Occupation _____

Business phone _____ Cell phone _____ Other _____

Father's Name _____ **Marital Status** _____

Address _____ City _____ Zip _____

Place of Employment _____ Occupation _____

Business phone _____ Cell phone _____ Other _____

If divorced or separated, who does your child live with mom or dad or joint custody?

If joint custody, what are the daily arrangements for your child? _____

THIRD PARTY PICK UP AUTHORIZATION
THIS SECTION MUST BE COMPLETED AND SIGNED

My child has permission to be released to the following individuals in addition to emergency contact persons.

The following persons, properly identified, are authorized to pick up my child, _____, from Northshore HTC.

| | | | |
|----|-------------|---------------------|--------------|
| | Name | Relationship | Phone |
| 1. | _____ | _____ | _____ |

| | | | |
|------------------|------------------|-------------|--|
| Work phone _____ | Cell phone _____ | Other _____ | |
|------------------|------------------|-------------|--|

2. _____

| | | | |
|------------------|------------------|-------------|--|
| Work phone _____ | Cell phone _____ | Other _____ | |
|------------------|------------------|-------------|--|

3. _____

| | | | |
|------------------|------------------|-------------|--|
| Work phone _____ | Cell phone _____ | Other _____ | |
|------------------|------------------|-------------|--|

4. _____

| | | | |
|------------------|------------------|-------------|--|
| Work phone _____ | Cell phone _____ | Other _____ | |
|------------------|------------------|-------------|--|

Parent/Guardian's Signature

Date

I authorize the facility to secure emergency medical treatment for my child.

Preferred hospital _____

Parent's Signature: _____ Date: _____

Individuals to contact in case of an emergency:

| | |
|-------|----------------|
| _____ | Phone #: _____ |
| _____ | Phone #: _____ |
| _____ | Phone #: _____ |
| _____ | Phone #: _____ |

List members of the family that live with the child (other than parents):

| | | |
|-------|-------|-------|
| Name | Age | Sex |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What language is usually spoken at home? _____

If more than one language is spoken what other language is spoken and how often and by whom? _____

Present general health status of child (describe any handicaps or special problems)

Twice a year **Northshore HTC** checks your child's developmental milestones. You will be given a copy of your child's milestones. If your child has already been formally assessed and diagnosed with anything that may assist us in our observations, please list _____

Child's Doctor: _____ Doctor's Phone # _____

Child's Dentist: _____ Dentist's Phone # _____

Does your child have any food allergies? Yes No
Does your child have any other allergies? Yes No
Does your child have any dietary restrictions? Yes No
Please explain any "yes" answers here:

Does your child enjoy being read to? _____

Which play materials (toys) does your child use the most frequently? _____

What is your child's interest or favorite activities? _____

Does your child initiate his/her own activities? __ Never, __ Seldom, __ Sometimes, __ Often

Does your child enjoy playing alone? __ Never, __ Seldom, __ Sometimes, __ Often

Do other children tend to stimulate your child? _____ Make him/her shy? _____

Cause him/her to lose self-control? _____

Have little or no effect? _____

Does your child participate in dressing? Yes or No, Can he/she button? Yes or No.

Zipper? Yes or No, Tie? Yes or No. Put on a coat? Yes or No

List any previous group experiences (Day Care, Mother's Day Out, etc.) and the child's reactions to these

Does your child have separation anxiety and if so how do you handle it? Yes or No

How does your child comfort him/herself when they are distressed? _____

Does your child wear diapers? Yes or No

Is your child completely potty trained? Yes or No

Does your child have bladder control? Yes or No, if no how many times a day does your child soil his/hers clothes? _____

Does your child have bowel control? Yes or No if yes about what time does he/she have their movements? _____

What terminology does your child use regarding toileting? _____

Does your child presently use a pacifier? Yes or No Thumb or Fingers? Yes or No

Does your child sleep with a special toy? Yes or No if so what? _____

Please note children are able to bring any comfort items needed for them throughout the day and during nap time. All items must be clearly labeled.

Why have you chosen to place your child at **Northshore HTC**? _____

How did you hear about **Northshore HTC**? _____ by whom _____

What do you hope your child will gain or learn from his/her experience here? _____

What do you, as parents, expect or hope the school can do for you? _____

Please list anything else you think would be helpful to us in understanding and aiding the development of your child. _____

I will bring my child to school about _____ a.m.

I will pick up my child at school about _____ p.m.