

**Turkey Creek Baptist Church
PRESCHOOL
NEW CHILD'S ENROLLMENT APPLICATION**

Date of Application: _____

Date of Enrollment: _____

To be completed, signed, and placed on file in the facility for enrollment. The "New Child's Enrollment Application" is placed on file according to the date received.

CHILD'S INFORMATION: (full name)

Birthdate: _____

CHILD'S PHYSICAL ADDRESS:

FAMILY INFORMATION:

Child lives with father/guardian on days _____ (if applicable)

Father/Guardian Name: _____

Address (if different from child's) _____

Phone #: _____

Home

Work

Cell

Child lives with mother/guardian on days _____ (if applicable)

Mother/Guardian Name: _____

Address (if different from child's) _____

Phone #: _____

Home

Work

Cell

CONTACTS:

Your Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the preschool has permission to contact the following individuals. (Please put in order as to who is to be contacted first, second, third). Identification will be required of each individual listed on this form if we have not met them at the time of enrollment.

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Home

Work

Cell

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Home

Work

Cell

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Home

Work

Cell

HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application at the time of meeting with the director for enrollment. The medical action plan must be completed by the child’s parent and/or health care professional. Is there a Medical action plan needed? Yes _____ No _____

HEALTH CARE INFORMATION:

1. List any health care needs or concerns, symptom of and type of response for these health care needs or concerns.

2. List any particular fears or unique behavior characteristics your child has

3. List any types of medication taken for health care needs.

4. Share any other information that has a direct bearing on assuring safe medical treatment for your child.

EMERGENCY MEDICAL CARE INFORMATION:

Name of Health Care Professional: _____ Phone Number: _____
Hospital Preference: _____ Phone Number: _____

I, as the parent/guardian, authorize the preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian.

Signature of Administrator Date