

Grace United Learning Center

Achieving Excellence Together

ENROLLMENT REGISTRATION FORM

Registration Date: _____

CHILD INFORMATION

Child's Name: _____

(Last) (First) (Middle)
Date of Birth: _____ Sex: _____ Child's SSN: _____ Race: _____

Permanent Address: _____
(Street Address) (Apt #) (City, State, Zip Code)

List the family members your child lives with (include names & ages of siblings):

Circle days to attend:

AM MON TUE WED THU FRI Arrival Time: _____ Departure Time _____

PM MON TUE WED THU FRI Arrival Time: _____ Departure Time _____

Meals while in care: Breakfast _____ Lunch _____ Afternoon Snack _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Mother's SSN: _____

Home Address: _____

Home Telephone: _____ Mobile: _____ E-mail: _____

Employer's Name: _____ Telephone: _____

Employer's Address: _____

Father's Name: _____ Father's SSN: _____

Home Address: _____

Home Telephone: _____ Mobile: _____ E-mail: _____

Employer's Name: _____ Telephone: _____

Employer's Address: _____

Persons permitted to remove child (check all that applies)

Mother: Yes No

Father: Yes No

Guardian: Yes No

Legal Custody

Yes No

Yes No

Yes No

EMERGENCY CONTACT & RELEASE PERSONS

Please notify The Center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will require all authorized release persons to provide Government-issued photo identification at the time of pick up. All emergency release persons must be 18 years or older, unless he/she is the parent of the child.

ERP Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____ Mobile: _____ E-mail: _____

Government Issue Photo ID Type & Number: _____

Employer's Name: _____ Telephone: _____

Employer's Address: _____

ERP Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____ Mobile: _____ E-mail: _____

Government Issue Photo ID Type & Number: _____

Employer's Name: _____ Telephone: _____

Employer's Address: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a medical provider's care, would you like The Center to call your child's physician? Yes No

If yes, please provide the following information:

Physician Name: _____ Telephone: _____

Address: _____

May the Center call another Medical Provider if unable to contact child's physician? Yes No

I (We), _____ and _____, hereby

attest that I am (we are) the parent(s)/legal guardian(s) of, _____, a

minor child, age ____ years, born on _____, who resides with me (us) at

_____. I (We), authorize for emergency purposes

only, a Center-designated employee to transport the above minor by ambulance and consent to

any necessary examination, anesthetics, medical diagnosis, surgery or treatment, and/or hospital

care to be rendered to the minor under the general supervision of any physician or surgeon

licensed to practice medicine in the State of Florida.

Last Tetanus/Diphtheria Booster: _____
Allergies to drugs, foods or others: _____
Please list any special medication or pertinent information: _____

Parent/Guardian Signature: _____ Date: _____

Center's Authorized Representative _____ Date: _____

MEDICAL INFORMATION & HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Birth Marks: _____

1. Prescribed medication that will be administered regularly at The Center: _____

2. Special Dietary needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his/her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

6. Does your child have an allergic reaction to (check all that applies):

Medications Reaction: _____

Food Reaction: _____

Other Reaction: _____

7. Are any of the allergies severe or life-threatening? Yes No

If yes, please provide special instructions: _____

AUTHORIZATION FOR TRANSPORTATION, FIELD TRIPS OR EMERGENCY

The Center may plan special field trips for the children away from the facility. These trips are carefully arranged and shall be supervised by an adequate number of adults. Field trips also include children taking walks and infants driven in their stroller. The Center will always provide advance notice of all field trips. We have your permission to take your child, _____, on these field trips.

For emergency purposes, we have permission to evacuate the facility/premises. Our emergency evacuation site is posted in the administrative office.

Parent/Guardian Signature: _____ Date: _____

Center's Authorized Representative _____ Date: _____

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his/her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are the child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Who also cares for your child(ren)?

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What food does your child like best? _____
Least? _____
10. What are your child's mealtime routines at home?

11. How many hours of sleep does your child receive at night? _____
12. Does your child need to be awakened in the morning to attend school? _____
13. What are your child's bedtime rituals? _____
14. Does your child take naps? Yes No For how long? _____
15. Does your child need a favorite item (such as a blanket) for a nap? Yes No
16. What words are used in your house for toileting? _____
17. How does your child express anger or react to frustration? _____
18. Does your child have any particular fears? _____
19. How does your child react to change (such as being left by parents)?

20. How does your child comfort him/herself? _____
21. What are your child's play interests: creative, dramatic or construction play?

22. How do you discipline your child? _____
23. How would you describe your child (personality characteristics)?

24. What do you enjoy the most about your child? _____
25. Has your child had previous daycare/preschool experience? _____
26. Is there anything else in your child's experience you would like to share with us so we can better meet your child's needs?

27. Are you available to help with field trips or other special events? _____

28. Are you willing to participate and or serve in a parent teachers association? _____

29. Do you have a special interest or hobby you would like to share with the children?

Parent/Guardian Signature: _____ Date: _____