

**West Heights Preschool Enrollment**

**745 N. Westlink**

**722-2781**

[forchildren@westheightsumc.org](mailto:forchildren@westheightsumc.org)

Date: \_\_\_\_\_

Class: \_\_\_\_\_

Time: \_\_\_\_\_

Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_  
(Last) (First) (Nickname)

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Employment \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Child Lives with \_\_\_\_\_ mom & dad \_\_\_\_\_ mom only \_\_\_\_\_ dad only \_\_\_\_\_ other

In case of emergency and unable to reach parent call:

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Home Environment: Brothers and Sisters (Names and Ages)

\_\_\_\_\_  
\_\_\_\_\_

Adults in home other than parents (Please give relationship to child)

\_\_\_\_\_

ALL additional persons authorized to pick up child, relationship to child, and phone number: (you may attach an extra sheet, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's physical record:

Serious or chronic illness \_\_\_\_\_

Allergies \_\_\_\_\_

Are there any physical problems we should know about? \_\_\_\_\_

\_\_\_\_\_

What are your child's fears and how does he/she react to them? \_\_\_\_\_

\_\_\_\_\_

Any known vision or hearing problems? \_\_\_\_\_

Do you note a left or right hand dominance? \_\_\_\_\_

Does your child have bladder control? ( ) Yes ( ) No

Bowel Control? ( ) Yes ( ) No

Terminology Used: \_\_\_\_\_

Discipline:

What do you do to bring about appropriate behavior? \_\_\_\_\_

\_\_\_\_\_

Language Ability:

Any speech concerns or impediment? \_\_\_\_\_

\_\_\_\_\_

Social:

Ages of playmates \_\_\_\_\_

Active or quiet play preferred? \_\_\_\_\_

Has he/she ever been away from parents? \_\_\_\_\_ What was the reaction? \_\_\_\_\_

\_\_\_\_\_

What playthings does he/she seem to like most? \_\_\_\_\_

\_\_\_\_\_

Optional information:

Do you have any concerns about your child's development? \_\_\_\_\_

\_\_\_\_\_

Optional information:

Is there any information that you feel we should have so that we can be more effective as teachers for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardian. We prefer to have such authorization in writing if at all possible.***

I hereby grant permission for my child, \_\_\_\_\_  
To use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises with their class under the supervision of a staff member for neighborhood walks within one block.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby understand the school cannot be responsible for any item my child may lose at school.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the information form you completed for us.
3. Attempt to contact the child's physician.
4. If we cannot contact you or your child's physician we will do any or all of the following:
  - a) Call another physician
  - b) Take the child to the Minor Emergency Center,
  - c) Call an Ambulance
5. Any expense incurred under section 4, above, will be borne by the child's family.

I understand that upon returning this enrollment form with the \$50.00 enrollment fee I confirm my intention to enroll, \_\_\_\_\_, my child. I understand this enrollment fee is nonrefundable.

*There will be a \$15.00 fee assessed for all returned checks.*

I understand that I will fulfill the nine-month term unless we move from the area.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

-----**Office use only**-----

Enrollment fee paid: Date \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_

September Tuition paid: Date \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_