



Little Blessings Preschool

REGISTRATION FEE: **\$50 must be submitted with this form**

<i>For LBP Staff Only</i>	
Enrollment Dt:	_____
Time:	_____
Amount Paid:	_____
Cash/Check #:	_____

REGISTRATION AND EMERGENCY INFORMATION

This form must be updated annually or whenever the information changes. Please check which class you are requesting.

3 Year Old Program	4 Year Old Program	5 Year Old Program
Option 1: T/TH am _____	Option 1: M/W/F am Preschool & T/TH am Enrichment Program (5 day/wk program) _____	Option 1: M/W/F am Preschool & T/TH am Enrichment Program (5 day/wk program) _____
Option 2: T/TH pm _____	Option 2: M/W/F am with Lunch Bunch on M/W _____	Option 2: M/W/F am with Lunch Bunch on M/W _____
Option 3: M/W am _____	Option 3: M/W/F am _____	Option 3: M/W/F am _____
*Enrichment program available in January	Option 4: M/W/F pm _____	*Option 1 with Lunch Bunch _____

Child's Name _____ M/F Birth Date _____
(Last) (First) (Middle)

Home Address _____ Home phone _____

City/State/Zip _____

Mother's Name _____ Cell phone _____

Home phone # & address if different than above _____

Name of Employer _____ Work Phone _____

Employer's Address _____ E-mail _____

While my child is in school, it is best to reach me at: _____

Father's Name _____ Cell phone _____

Home phone # & address if different than above _____

Name of Employer _____ Work Phone _____

Employer's Address _____ E-mail _____

Special Instructions: _____

Pediatrician's Name _____ **Phone Number** _____

In the case of an emergency my hospital preference is _____

CHILD'S NAME: _____

EMERGENCY CONTACT PERSON: In the event that the parent/guardian is unable to be reached, I authorize these individuals to assume responsibility for my child and to remove my child from Little Blessings Preschool if needed.

Name _____ Relationship _____ Phone _____

Street _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____

Street _____ City _____ State _____ Zip Code _____

Parent/Guardian Signature & Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of **Little Blessings Preschool** to provide first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/ rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by LBP program /Bethany Covenant personnel as soon as possible regarding any emergency involving my child.

Parent or Guardian's signature

Date signed

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ANNUAL UPDATE:

Parent/guardian must review this information annually, make necessary changes and initial and date below to verify that the information is current.

Date of Review

Parent or Guardian's signature

Date of Review

Parent or Guardian's signature

NOTIFICATION OF CHANGES

It is the parents' responsibility to notify the school ASAP of any changes relating to but not limited to: Phone Numbers , Emergency contact persons or Health concerns.

CHILD'S NAME: _____

Has your child experienced any of the following? (Please enter date of occurrence on line)

_____ Vision Difficulty Glasses worn for: _____ near _____ distance
_____ Hearing Difficulty _____ Frequent ear infections
_____ Tubes in ears Are tubes currently in place? _____ Hearing Aids _____
_____ Speech Difficulty _____ Speech and Language Therapy

ALLERGIES: (Please list only allergies diagnosed by a physician, not intolerances or sensitivities)

Food: _____
Medications: _____
Seasonal: _____
Bee Sting: (describe reaction) _____

ANY OTHER MEDICAL CONDITIONS OR CONCERNS: _____

MEDICATIONS CURRENTLY BEING TAKEN: _____

SIBLINGS' NAMES AND THEIR BIRTHDATES: _____

Please tell us a little about your child so we can get to know them before they join us at school.

Bed Time: _____ Wake-up Time: _____

When they wake-up they like to: _____

Special interests or hobbies: _____

While playing independently they like to: _____

Common Fears: _____

Does your family celebrate any special holidays or customs that you would like to share? _____

Books series or titles they enjoy:

How often do you read to your child? _____

Pets at home or other friends outside of school: _____