

Fairwood Christian Preschool

Please confirm birthdate requirements before selecting a class.

<input type="checkbox"/>	P-3	<small>Circle One</small>	T/Th	M/W/F	<input type="checkbox"/>	P-4	<small>Circle One</small>	am	pm	<input type="checkbox"/>	K-Prep	<small>Circle One</small>	am	pm
--------------------------	------------	---------------------------	-------------	--------------	--------------------------	------------	---------------------------	-----------	-----------	--------------------------	---------------	---------------------------	-----------	-----------

Child's Name	Nickname	Circle One:	Boy	Girl
--------------	----------	-------------	-----	------

Age	Birthdate	Previous School Experience:
-----	-----------	-----------------------------

Home address	City	Zip	Home Phone:
--------------	------	-----	-------------

Name of Mother or Guardian	Mom's Cell:
----------------------------	-------------

E-mail:	Work Place:	Work Phone:
---------	-------------	-------------

Name of Father or Guardian	Dad's Cell:
----------------------------	-------------

E-mail:	Work Place:	Work Phone:
---------	-------------	-------------

Best way to reach you, circle one:	Home Phone	Cell Phone	E-mail	Text Message	Work Phone
------------------------------------	-------------------	-------------------	---------------	---------------------	-------------------

Marital Status of Parents	Custody/Visiting Arrangements
---------------------------	-------------------------------

Siblings: Name:	Age:	Attended FCP/Teacher?
-----------------	------	-----------------------

Name:	Age:	Attended FCP/Teacher?
-------	------	-----------------------

Name:	Age:	Attended FCP/Teacher?
-------	------	-----------------------

Name:	Age:	Attended FCP/Teacher?
-------	------	-----------------------

Is a language other than English spoken in your home?	If yes, describe:
---	-------------------

Does your child understand English?	Does child speak English?
-------------------------------------	---------------------------

Can child be understood when he or she speaks?	If no, explain:
--	-----------------

Is child fully toilet trained?	Describe words used for potty:
--------------------------------	--------------------------------

Does your child nap?	What is child's bed time?	Wake up time?
----------------------	---------------------------	---------------

Does your child have any problems with vision or hearing?	If so, explain
---	----------------

List any previous serious illness or accidents:

Do you have any concerns about any aspect of your child's development?
--

If yes, explain:

Are there any medical, physical, or developmental conditions?	If yes, explain:
---	------------------

Does child have: Frequent colds? Ear Infections? Sore Throats? Stomach aches?

Does child have any allergies including food? If so, please list:

Does child have regular doctor checkups? Dentist?

Does child attend daycare/babysitter during school hours? If yes, who?

Has child had group play experiences?

If so, describe:

Does child play well alone? In groups?

Does child accept correction easily?

Does your child have any special fears?

Please circle the words below that describe your child

HAPPY	AGGRESSIVE	FRIENDLY	MOODY	CLUMSY	SHY	EASY-GOING
DEPENDENT	STUBBORN	IMPULSIVE	FEARFUL	EVEN-TEMPERED	QUIET	
STRONG-WILLED	HIGH-ENERGY	SYMPATHETIC	ATTENTIVE	OUT-GOING	SAD	
DREAMER	ANGRY	FIDGETS	SERIOUS	TALKATIVE	WORRIER	RULE FOLLOWER

All Persons Authorized To Pick Up Your Child

PLEASE PRINT CLEARLY

Name _____ Relationship _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

Name _____ Relationship _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

Name _____ Relationship _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

Name _____ Relationship _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

Name _____ Relationship _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

I understand that if the name does not appear on this list, my child will not be released from Fairwood Christian Preschool, unless arrangements are made in advance by a parent or legal guardian.

Permanent changes to this list must be made in person. In the event of an emergency special arrangements may be made by phone. I understand that persons on this list may be contacted to pick up my child in case of emergency.

Parent Signature _____

Date _____

2019—2020 Medical Treatment & Activity Release

Child's Name: _____

Enrollment

I am the legal custodial parent or court appointed guardian of this child.

I agree to the following conditions during my child's enrollment.

Field Trips

I agree that my child may participate in field trips away from the school property.

I give my permission for my child to participate fully in such activities.

I may withdraw my permission at any time by giving prior written notice to the school director.

Health Record

Date of last physical exam: _____ Doctor Name _____ Phone _____ - _____ - _____

Does child have any allergies? (Including medications) Yes ____ No ____

If yes please list: _____

Does child have a physical condition preventing him/her from participation in regularly scheduled activities at school or on field trips? Yes ____ No ____

If yes, please explain. _____

A release must be submitted by child's physician authorizing child to participate in such activities.

Medical Treatment Authorization

In the event of an accident or illness, I hereby authorize the director or staff of Fairwood Christian Preschool to secure necessary medical aid or treatment by the nearest physician or hospital.

I understand that I will be notified in the case of a medical emergency involving my child.

In the event that I cannot be reached, I authorize the FCP director or staff to make emergency medical decisions on behalf of my child, if required by law or a health care provider.

I hereby give permission to the physician selected by the FCP Director to hospitalize and secure proper treatment for my child as named above.

I understand that FCP will not be responsible for medical expenses incurred on the basis of this authorization.

I agree to notify FCP in the event of any health changes which would restrict my child's participation in any normal youth or children's activities.

A facsimile or photocopy of this form shall be as valid as the original.

Signatures of Parents or Guardians

Date

**Your child's IMMUNIZATION RECORDS must
be submitted before attending school.**

**You may have immunization records faxed to 253-639-4319
Attention: Katie Jones**