



# Enrollment Form

Welcome to the Parkside Playschool family! We are so glad you are here!

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Desired Enrollment Date: \_\_\_/\_\_\_/\_\_\_  
(First) (Last)

Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M / F Care requested on these days: **M / T / W / Th / F**

## Parent/Guardian Contact Information

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

## \*\*\*Emergency Contact Information\*\*\*

Please list an approved pickup person to contact in the event a parent cannot be reached.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Approved Pick-Ups

Please provide the following information on at least two responsible, non-custodial, local adults to contact. We cannot release a child to anyone without written consent from a parent/guardian through Brightwheel messaging. Anyone picking up the child who is unknown to Parkside Playschool is required to show a picture ID.

Name	Relationship to child	Contact Number

## Medical Information

A copy of your child's immunization record or exemption must be on file in our office. Please update when necessary.

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

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

## Emergency Medical/First Aid Consent

I, parent/guardian of \_\_\_\_\_, authorize Parkside Playschool to seek emergency medical care for my child. Such care may include transportation to and from the hospital, medical care from a licensed physician in the event that a parent/guardian cannot be reached, as well as first aid treatment by Parkside Playschool staff.

While it is understood that reasonable precautions will be taken by Parkside Playschool staff to prevent accident or injury to my child while in their care, I will not hold them legally responsible for such accident or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical History and Developmental Information

Please check all that apply or list any other conditions you would like us to be aware of:

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Sun sensitivity | <input type="checkbox"/> ADD/ADHD        |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Biting          |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Seizures        |  |
| <input type="checkbox"/> Heart defect    |  |

Please list any allergies (including food, medicinal, seasonal, chemical, etc.)

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## Consents/Acknowledgments

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

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I give my permission for the following to be applied to my child:

Yes / No = Sunscreen      Yes / No = Insect repellent      Yes / No = Triple Antibiotic Ointment

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I acknowledge and understand Parkside Playschool has special programs in which enrolled children participate as part of the curriculum. I understand that my child will participate in:

- Field trips to Gulley Park (by foot)
- Farm & Garden Program (includes gardening & interactions with all animals)
- Helping in the kitchen

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Teachers take pictures and/or videos of the children in their care on a daily basis. These pictures are mainly used in the classroom and on Brightwheel. Occasionally pictures are used for social media posts and/or on our website.

I give permission for photographs and/or videos of my child to be used for the following purpose:

- In school and classroom use only (i.e. portfolios, wall displays, Brightwheel).
- In school and classroom use, marketing and social media. I understand that my child's photograph may be viewed on social media and/or on [www.parksideplayschool.com](http://www.parksideplayschool.com).

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These documents are available on our website at [www.parksideplayschool.com](http://www.parksideplayschool.com). Please initial once you have reviewed:

### **Kindergarten Readiness Calendar** (in 'parent' section on website)

\_\_\_ I have received from Parkside Playschool a list of Kindergarten Readiness Skills prepared by the Arkansas Department of Education as mandated in Act 825 of 2003. Date: \_\_\_/\_\_\_/\_\_\_

### **SIDS & Shaken Baby Syndrome** (in 'parent' section on website)

\_\_\_ I have received from Parkside Playschool information regarding SIDS for infants.

\_\_\_ I have received from Parkside Playschool information regarding Shaken Baby Syndrome for infants.

### **Behavior Guidance Policy** (in 'parent' section on website)

\_\_\_ I have read and understand Parkside Playschool's Behavior Guidance Policy

### **Educational Care Plan** (in the 'Parent Manual')

\_\_\_ I have read and understand Parkside Playschool's Behavior Guidance Policy

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In accordance with Minimum Licensing Requirements. DCCECE/Child Care Licensing Unit. 200.201.4.  
This is a statement of verification that I have been informed that child care licensing/child maltreatment investigations and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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By signing this page you are acknowledging consent for, knowledge of and/or receipt of the above sections in this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Both custodial parents are required to sign this page when applicable.**