

Am Lanzenbusch 7
66877 Ramstein Miesenbach

Start Date: _____
End Date: _____

Enrolling in upcoming school year?
 Yes No

Agape Preschool Enrollment Form

- Male
- Female

Full Name of Child _____ Date of Birth ___/___/___
Address _____ Zip _____ Phone _____
Mother or Guardian _____ Home Address _____
Employment _____ Work Address _____
Phone _____ Hours _____ Email Address _____
Father or Guardian _____ Home Address _____
Employment _____ Work Address _____
Phone _____ Hours _____ Email Address _____

People Authorized to pick up your child

People to call in case of EMERGENCY (must list two people; do not list parents of the child)

Name _____ Relationship _____
Address _____ Day Time Phone No _____
Cell Phone No _____

Name _____ Relationship _____
Address _____ Day Time Phone No _____
Cell Phone No _____

Child's Physician _____ Phone No. _____
Emergency Hospital Preference _____ Phone No _____
Hospital Address _____ Dentist _____

Registration Paid _____ **Amount Paid** _____ **Date Paid** _____

Weekly Parent Fee _____ Received Parent Handbook (initial) Yes _____ No _____



CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone number's provided below:

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

In the event that I or the other persons listed on the Emergency Card assigned by me are not available, I give my permission (as parent or legal guardian) to Agape Preschool to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the **emergency medical services (EMS) to arrange transportation to:**

_____ or the nearest emergency medical facility. At no time will Agape Preschool Staff drive an ill or injured child to an emergency medical facility.

Parent or legal guardian's signature

Date

*******IMPORTANT PARENT INFORMATION*******

If custody is established through Family Court, **ALL** papers regarding visitation and primary physical custody **MUST** be on file with the Agape Preschool before enrollment of your child. Any changes in the original papers submitted must be updated with Agape Preschool immediately.



AGAPE PRESCHOOL
Personal Data
Family & Social History Form

Name of child _____ Date of Birth ____/____/____
Mother or legal Guardian _____ Age _____
Father or legal Guardian _____ Age _____

MARITAL STATUS OF PARENTS

Married _____ Living Together _____ Stepfather _____
Separated _____ Stepmother _____ Divorced _____
Remarks _____

Custody/Visiting arrangements _____

BROTHERS and SISTERS

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

CHILD EXPERIENCES

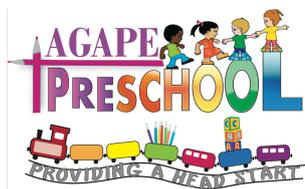
Has child had group play experience? _____
Where _____
Does child have neighborhood playmates? _____

When and with whom does child watch television? _____
What are your child's favorite indoor/outdoor activities? _____
Does your child have fears that you are aware of? _____

DEVELOPMENT HISTORY

At what age did you child complete the following:
Crept of hand and knees _____ Name simple objects _____
Sat alone _____ Repeated short sentences _____
Began toilet training _____ Slept through the night _____
Completed toilet training _____

Word child uses for Urination _____ Bowel movement _____
Usual time for bowel movements _____



AGAPE PRESCHOOL

Personal Data Family & Social History Form (*continued*)

Does child dress self? YES _____ NO _____
Does Child undress self? YES _____ NO _____

What time does your child usually eat: Breakfast _____ Lunch _____ Dinner _____?
What time does child usually go to bed at night? _____ Awaken? _____
Does child have interrupted sleep? YES _____ NO _____

Do you have any concerns about your child's development in the following areas:

Speech _____ Fine motor _____ Gross Motor _____
Behavior _____ Social _____ Emotional _____

What is the dominant language at home? _____
What method of discipline is used at home? _____
What is the child's reaction? _____

How would you describe your child's personality? _____

What are your expectations for your child at Agape Preschool?

Please explain any special family traditions or celebrations that you would like to share with us.

Please explain any other information that will help us better understand your child

I grant permission to Agape Preschool for the following pictures to be taken of my child:
(Please initial if you agree). Your child's name may or may not appear in the below:

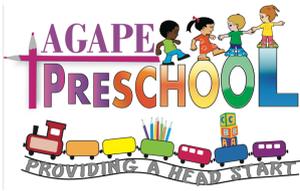
School's Website _____ T.V. _____
Displays _____ Video _____

Please sign if you choose not to have **any pictures** taken of your child.

Parent Signature

Date

I give consent for my child to take part in field trips or excursions away from the facility under proper supervision (*i.e. local parks and ice cream parlor*). _____ Yes _____ No



HEALTH HISTORY

Child's Name _____ Date _____

Does your child have a history of:

High fevers _____	Ear infections _____	Colds _____
Chicken Pox _____	Scarlet Fever _____	Diabetes _____
Hepatitis _____	Mumps _____	Measles _____

Is your child on any medication on a daily basis? _____ If yes, what _____

Has your child ever been hospitalized? _____ If yes, for what? _____

Has your child had any serious accidents?

Has your child ever been exposed to peanut products? Yes _____ No _____

List reactions: _____

Does your child have any allergies? Yes _____ No _____ Unknown _____

Do you know what the allergy is caused by? _____

Signs of reaction: Asthma _____ Difficulty Breathing _____ Swelling _____
Hay Fever _____ Hives _____ Other _____

Has your child had a vision screening? _____ Hearing Test? _____

Please give a statement of your child's overall health:
