New Vineyard Academy
Preschool Enrollment Agreement

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Cell Phone: (   ) _____

Employed By: _____ Office Phone: (   ) _____

Email: _____ SSN _____

Marital Status: [ ] Married   [ ] Single   [ ] Divorced   [ ] Separated   [ ] Widowed

[ ] Custodial Parent (If married, mark both parents)

Father/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Cell Phone: (   ) _____

Employed By: _____ Office Phone: (   ) _____

Email: _____ SSN _____

Marital Status:[ ] Married   [ ] Single   [ ] Divorced   [ ] Separated   [ ] Widowed

[ ] Custodial Parent (If married, mark both parents)

Child Information

First Name: _____ Last Name: _____

Name child prefers to be called: _____

Gender: [ ] Male   [ ] Female   Date of Birth:_____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: (   ) _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes   [ ] No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ [ ] Able to pick up all children in the family

[ ] Not able to pick up the following

children:_____

[2nd Contact/Pick Up] Name: _____   Phone: _____

Relationship to the Child: _____ [ ] Able to pick up all children in the family

[ ] Not able to pick up the following

children:_____

[3rd Contact/Pick Up] Name: _____   Phone: _____

Relationship to the Child: _____ [ ] Able to pick up all children in the family

[ ] Not able to pick up the following

children:_____

[4th Contact/Pick Up] Name: _____   Phone: _____

Relationship to the Child: _____ [ ] Able to pick up all children in the family

[ ] Not able to pick up the following

children:_____

Tuition / Payment Information:

Current Tuition Amount: _____ [ ] Weekly   [ ] Bi-Weekly

By signing this application, I agree to pay my tuition fees and payments on time each week.

ALL ABOUT ME FORM

Child's Name _____ **Birthdate**_____ **Age**_____

We would like to take this time to welcome you and your family to our daycare/preschool. We hope to see you and your family often in our daycare. If you could fill in the questions below to help us get to know your child a little better; it makes our day and your child's day run a lot smoother. It helps us to know what to expect and be prepared.

Has your child been in daycare before? ☐ yes ☐ no

Was your child happy there? _____

How long was your child there? _____

What did you like best about your previous daycare? _____

How would you describe your child's personality on a normal basis?

☐ Happy ☐ Moody ☐ Quiet ☐ Chatty ☐ Testing ☐ Cooperative

Does your child have any siblings?

He/she has _____ Brothers and _____Sisters.

Name _____ Age_____ Name_____ Age____

Name_____Age_____Name_____Age____

Meal Time

Is your child a picky eater ☐Yes ☐ No

What are some of your child's favorite's foods:_____

Which foods does your child strongly dislike _____

Please Note: If your child is a picky eater it may be a good idea at first to provide him/her with a few of their favorite foods until they settle into the center.

Am I going to have a hard time getting your child down for a nap? ☐Yes ☐No

Do you have any ideas or a certain routine for us to follow to make naptime a more enjoyable time for your child? _____

Does your child have any major problems that we should be aware of? ☐Yes ☐No

If yes, please describe: _____

Does your child take any kind of medication on a regular basis? ☐Yes ☐No

Why? _____

Does your child have any known allergies? ☐ Yes ☐No

Please list all allergies: _____

Does your child take allergy medication? ☐ Yes ☐No

Does your child need an inhaler? ☐ Yes ☐No

Does your child wear glasses? ☐ Yes ☐No

POTTY TRAINING POLICY AGREEMENT

I have read the New Vineyard CDC Potty Training Policy in the Parent Handbook in its entirety and I agree to abide by the policy set forth.

Childs Name_____

Parent/Guarding Signature_____ Date_____

Emergency Medical Release

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Doctor_____ Phone number_____

Insurance carrier_____ Policy number_____

Who is financially responsible for the student? _____

Parent/Guardian Signature: _____Date: _____

Liability Release Statement

Child's Name_____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Community Development Center and persons of any liability against personal losses of you/your child.

Parent/Guardian
Signature_____Date_____