



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 _____

Administrative Use Only:

Date of Enrollment: _____ Date of

Dismissal: _____

Amount of Deposit paid: \$ _____ First week payment \$ _____

Feeding Program Enrollment: ___Free ___Reduced ___Paid

Staff Initials _____