



# Application for Enrollment

(Must be completed and on file at the facility on the first day and must be updated as changes occur and at least annually)

Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Child and Family Information

Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Child lives with: \_\_\_\_\_  
 Child's physical address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father/Guardian's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Other phone number/s: (w) \_\_\_\_\_ (h) \_\_\_\_\_  
 Mother/Guardian's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Other phone number/s: (w) \_\_\_\_\_ (h) \_\_\_\_\_  
 Father email: \_\_\_\_\_ Mother email: \_\_\_\_\_

## Contacts

Child/ren will only be released to listed parent/guardians or individuals listed below (as authorized by the person who completes and signs this application.) In the event of an emergency that the parent/guardian cannot be reached, the facility has permission to contact the following individuals.

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Permissions

**Play Outside the Fence**

This blanket permission form covers any activity that may take place outside of the fence, including, but not limited to: water play, gardening, trike riding, walks, and ball play. Children will be supervised at all times during these activities. Activities will be listed on the lesson plan in your child's classroom.

I Do \_\_\_\_\_ I Do Not \_\_\_\_\_ give permission for my child to participate in activities outside of the fence.  
 Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs**

Pictures are often taken of the children during daily activities and are used for many purposes such as school décor/displays, higher education presentations or assignments, marketing materials, official private PSA Facebook page and the PSA website. All social media images are watermarked to deter unauthorized use.

I Do \_\_\_\_\_ I Do Not \_\_\_\_\_ give permission for my child's picture to be taken & used in the above manner.  
 Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Care Information

\* For any child with health care needs such as allergies, asthma, or other chronic conditions (including special diets/food restrictions) that require changes in care or specialized health services/medications, an ACTION PLAN must be completed by the child's parent or health care professional, accompanied by a physician's note and shall be attached to the child's application prior to the child's first day of attendance.

\*Any medication that is administered at school must be in the original container that has the pharmacy label with specific directions included.

\*Over the counter medication will ONLY be administered when it is accompanied by a physician's specific directions for administration. NOTHING can be administered AS NEEDED.

**ALL OF THE BELOW INFORMATION MUST BE COMPLETED NO BLANK SPACES; N/A IS ACCEPTABLE.**

Is an action plan needed? Yes\_\_ No\_\_ Action plan completed and attached? Yes\_\_ No\_\_

Does your child take medication regularly? Yes\_\_ No\_\_

List medications and dosages taken regularly for health needs:

\_\_\_\_\_

List any allergies and the symptoms and type of response needed to allergic reactions.

\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response needed.

\_\_\_\_\_

List any chronic illness/condition child has & any medication taken for that illness/condition.

\_\_\_\_\_

List any particular fears or unique behavior characteristics child has.

\_\_\_\_\_

Other information that has a direct bearing on assuring safe medical treatment for your child.

## Emergency Medical Care

Name of Health Care Professional: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

I, as the parent/guardian of \_\_\_\_\_ authorize any representing staff of PRESCHOOL OF THE ARTS to obtain medical attention for my child in an emergency. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the child's physician, parent/guardian or full-time custodian.

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Smoke Free Environment

I, \_\_\_\_\_ understand that Preschool of the Arts is a Smoke Free Child-Care Facility and I will not use tobacco of any variety on the premises at any time. Signature: \_\_\_\_\_ Date: \_\_\_\_\_