



Parkside Playschool

Enrollment Form

Today's Date: ___/___/___

Child's Name: _____ Enrollment Date: ___/___/___

(First) (Middle) (Last)

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

Custodial Parent/Guardian Information

Name: _____ Relationship to child: _____

Home address: _____

(Street address) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Employer: _____ Hours at work: _____

Work Phone: _____ Email: _____

I would ***NOT*** like to receive updates and information from Parkside Playschool through email.

Name: _____ Relationship to child: _____

Home address: _____

(Street address) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Employer: _____ Hours at work: _____

Work Phone: _____ Email: _____

I would ***NOT*** like to receive updates and information from Parkside Playschool through email.

Emergency Contact Information

Name of person to call if parents cannot be reached: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is this person authorized to take the child from the center: Yes _____ No _____

Authorized Persons to Pick-Up your Child

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

Name	Relationship to the child	Primary 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: _____

Address: _____ Phone: _____
(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:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Sun sensitivity | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Asthma | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Defective Heart |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |

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

Other conditions you'd like to make us aware of or comments:

Consents/Acknowledgments

Child's Name: _____
(First) (Last)

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**

Gulley Park Permission: We love being a hop, skip, and a jump away from Gulley Park!

___ I give my child, _____, permission to walk to the park with his/her class.
(Child's Name)

___ I do not give my child permission to walk to the park with his/her class.

Publicity consent-

___ I give my permission for my child, _____, to be photographed and/or video recorded for the purpose of in school, classroom use (i.e. portfolios, wall displays, teacher-made books).

___ I give permission for my child, _____, to be photographed and/or video recorded for the purpose of promotional uses and special events. I understand that my child's photograph may be viewed on social media and/or on ParksidePlayschool.com.

___ I do not give permission for photographs of my child to be taken at all.

These documents are available on our website @ 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 Parent Manual

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

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 ____/____/____

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

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

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