



Enrollment Form

Welcome to the Parkside Playschool family! We are so glad you are here!

Today's Date: ___/___/___

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

Enrollment Date: ___/___/___

Birth date: ___/___/___ Gender: M / F

Days attending: **M / T / W / Th / F**

Parent/Guardian Contact Information

Name: _____ Relationship to child: _____

Cell Phone: _____ Email: _____

Home address: _____
(Street address) (City) (State) (Zip)

Employer: _____ Hours at work: _____

Work Phone: _____

Name: _____ Relationship to child: _____

Cell Phone: _____ Email: _____

Home address: _____
(Street address) (City) (State) (Zip)

Employer: _____ Hours at work: _____

Work Phone: _____

Emergency Contact Information

Please list an approved pickup person to contact in the event a parent cannot be reached.

Name: _____ Relationship to child: _____

Cell Phone: _____ Alternate Phone: _____

Home address: _____
(Street address) (City) (State) (Zip)

Approved Pick-Ups

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

Name	Relationship to child	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.

Name of Physician/Clinic: _____ Phone: _____

Physician's address: _____
(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 or list any other conditions you would like us to be aware of:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Sun sensitivity | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Heart defect | _____ |

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

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

I acknowledge and understand Parkside Playschool has special programs in which enrolled children participate as part of the curriculum. I understand that my child will participate in:

- Field trips to Gulley Park (by foot)
- Field trips to Hide & Seek Microfarm (by foot)
- Farm & Garden Program (includes gardening & interactions with all animals)
- Helping in the kitchen

Teachers take pictures and/or videos of the children in their care on a daily basis. These pictures are mainly used in the classroom and on Brightwheel. Occasionally pictures are used for social media posts and/or on our website.

I give permission for photographs and/or videos of my child to be used for the following purpose:

- In school and classroom use only (i.e. portfolios, wall displays, Brightwheel).
- In school and classroom use, marketing and social media. I understand that my child's photograph may be viewed on social media and/or on www.parksideplayschool.com.

These documents are available on our website at 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: ___/___/___

Shaken Baby Syndrome (in parent section on website)

___ I have received from Parkside Playschool information regarding Shaken Baby Syndrome for infants.
Date: ___/___/___

Behavior Guidance Policy (in the Parent Handbook)

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

Educational Care Plan (in the Parent Handbook)

___ I have read and understand Parkside Playschool's Educational Care Plan.

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 in this form.

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

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

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