BEREAN preschool

PRESCHOOL ENROLLMENT 2018-19

Today's Date_____ Desired Start Date _____

How did you hear about BEC?

☐ Friend ☐ Telephone Book ☐ Drive by
☐ Child Care Resource & Referral ☐ Church ☐ Local newspaper

Child's name_____ Sex (M or F) _____
(Last) (First) (Middle)

Home address_____ City_____ Zip_____

Telephone_____ Date of birth_____ Place of birth _____

Father's name_____
Address_____
Occupation_____
Employer_____
Phone_____
Email_____

Mother's name_____
Address_____
Occupation_____
Employer_____
Phone_____
Email_____

Other children living with your family (Give name and age):

_____

_____

Others living in the home_____

Name of the school district in which you reside_____

I permit Berean Preschool to: Initial

Photograph my child in classroom, special events and on field trips? _____

Share these photographs in publications, Facebook, newsletters, etc.? _____

Signature_____ Date_____

BEREAN preschool

HEALTH & MEDICAL

Name_____Date _____

Pick-up Information:
Name, address and phone number of person(s) who may pick up your child.

Name_____Relationship_____Phone _____

Name_____Relationship_____Phone _____

Name of persons who may pick up your child in case of emergency, in the event you cannot be reached: (local phone #'s only and phone #'s we can reach during school hours).

Name_____Phone_____

Name_____Phone_____
**Is there anyone who MAY NOT pick up your child? ☐Yes ☐No

First Name_____Last Name__ _____ _____

Medical Information:

Family Physician_____Address_____Phone_____

Family Dentist_____Address_____Phone_____

Hospital_____Address_____Phone_____

Insurance Company_____Phone number_____

Policy Holder_____Policy number_____

Child's Health Information:

Dietary_____

Asthma_____

Other_____

Allergies_____

Food

Sensitivities_____

Berean Preschool has my permission to secure medical help including the services of the rescue

BEREAN preschool

HEALTH & MEDICAL

squad or the Emergency Room of Fairview Ridges Hospital in the event of an emergency.

Signature_____Date_____

BEREAN preschool

CLASS PREFERENCES

Preschool

AM Classes: 9:30-11:55 PM Classes: 12:35-2:55

☐ 3's Mon/Wed AM ☐ 3's Tues/Thurs AM
☐ 4's Mon/Wed/Fri AM ☐ 4's Tues/Thurs AM
☐ 4s Monday-Thursday PM (Determinant on enrollment and must be 5 by Dec. 31)
☐ 5s Monday-Thursday PM

All Day Preschool Program

Program Hours: Monday – Friday: 6:30 AM to 6:00 PM, Open All Year

Total # of Days/Week
Circle Days Attending: M T W TH F
Estimated Drop Off Time_____ Pick Up Time _____

School Age

Program Hours: Before and After School
District Days Off: Monday – Friday: 6:30 AM to 6:00 PM
Total # of Days/Week_____
Circle Days Attending: M T W TH F

School Age Summer Program

Program Hours: Monday – Friday: 6:30AM-6:00PM
Total # of Days/Week_____
Circle Days Attending: M T W TH F

Please let us know if there is anything about your family dynamic that we should know inorder to best take care of your child. This includes information regarding marriage, disabilities, cultural preferences/practice etc. It is important to give us information that may affect us caring for your child and best serving your family.

_____

_____

_____

For office use only:
Date Received:
Registration Fee Check #_____ Financial Agreement _____
Enrollment Form _____ Immunization Records _____
Health Care Summary_____Emergency & Medical Information Sheet _____