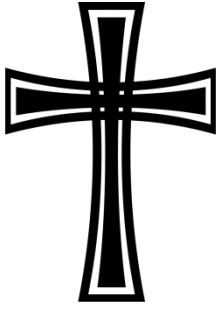


Enrollment Date: _____



Saint Andrew Preschool

3880 Reed Road Columbus, Ohio 43220

614.459.1402 ext. 3

Registration Form

Registration fee--\$300.00 non-refundable to be applied to tuition _____ paid/ Chk # _____ Date _____

Child: _____ Birthdate: __/__/__ Sex: M__ F__ Class _____

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) **Authorized to pick up** child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize Saint Andrew Preschool to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, etc.

I authorize Saint Andrew Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the parish bulletin unless otherwise noted by you.

Please mark the appropriate box(s):

- I give permission to Saint Andrew Preschool to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- I give permission for photos/videos to be posted on our website or Google classroom
 I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- I do NOT want any photos/videos taken of my child.

Class Roster Release

The law requires the school to prepare a roster for each group of children and for all children in the program. Rosters will be distributed to parents only upon request. Rosters may only include the name of each child, parents or guardians, and phone numbers. Email addresses will be included with permission. Rosters will be furnished only to program parents. Fill in ONLY information you wish to share.

Child's Name _____

Father _____ Phone _____

Email _____

Mother _____ Phone _____

Email _____

- I **give my permission** to publish this information in the Saint Andrew class and preschool roster

- I **decline permission** to publish information in the Saint Andrew class and preschool roster.

Please sign below stating verification of all registration information.

(Signature of parent/guardian)

(Date)