

**Greenleaf Friends Academy
PRESCHOOL REGISTRATION FORM**

For your child's safety, please inform us promptly of any changes in this information.

Date _____ Child's Name _____

Age _____ Date of Birth _____ Male/Female _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Father's Name _____ Occupation _____

Employer _____ Home Phone _____
Work Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Employer _____ Home Phone _____
Work Phone _____ Cell Phone _____

Parent's Marital Status _____

Other Children and their ages:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Doctor _____ Phone _____

Church Affiliation _____

Pastor's Name _____

Names of persons authorized to take the child from this facility, and to be called in the event of an emergency in case the parent cannot be reached. (Child will not be allowed to leave this facility with anyone other than the ones listed on this form without the permission of a parent or guardian.)

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____
Relationship to child _____

Parent/Guardian's Signature: _____ Date: _____

Greenleaf Friends Academy
Preschool Registration
BACKGROUND INFORMATION

Note: The purpose of the following information is to help us better understand your child so we can personalize our approach to him/her.

Date _____ Child's Name _____

1. Has your child had previous group experience? _____

If so, where? _____

2. Do you feel that your child will adjust easily to the preschool/daycare situation? _____

3. Does your child get along well with other children? _____

4. Left handed _____ Right handed _____

5. Favorite play activity _____

Favorite toy _____ Favorite TV program _____

6. Does your child have a pet? _____

7. What duties do they have at home? _____

8. Has your child had experience with: clay _____ scissors _____ painting _____

blocks _____ story hour _____ coloring _____ writing _____

9. Does your child nap regularly? _____

10. Characteristic behavior: (Please check all that apply)

calm excitable easily angered whining crying

happy cheerful stubborn cooperative quiet

active independent fights often gives in easily

wants own way temper tantrums OTHER: _____

11. What type of behavior do you consider most difficult to deal with? _____

12. Types of home discipline _____

13. Fears _____

14. What makes your child frustrated or upset? _____

15. Any speaking difficulties? _____

**Greenleaf Friends Academy
Preschool Registration
IMMUNIZATION RECORDS**

Are your child's immunizations current? _____

We need your child's immunization records before your child will be allowed to stay here with us. NO EXCEPTIONS!!

Has your child had any of the following: (Please check all that apply)

___Mumps

___Chicken Pox

___Measles

___Whooping Cough

Does your child have any food allergies? (Please list)_____

Are there any ongoing health concerns of which we need to be aware?

Does your child have any needs requiring special attention?

In the event that a contact person cannot be reached and your child has more than a low grade fever, do we have permission to administer Tylenol or Motrin until someone can come to get your child?_____

Parent's signature _____ Date_____

**Greenleaf Friends Academy
Preschool Registration
ACTIVITY AND EMERGENCY CONSENT**

**Permission to Participate in Preschool Activities
and to Receive Emergency Medical Care**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the preschool.

I hereby grant permission for my child to leave the preschool premises under proper supervision for neighborhood walks, and to ride the Greenleaf Friends Academy bus to planned field trips.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I hereby grant permission for the Director or Teacher to take whatever steps necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed as emergency contacts on the registration form.
4. In the event that #1-3 are unsuccessful,
 - a. Call another physician
 - b. Call the paramedics
 - c. Have the child taken to an emergency hospital.

I understand that any expenses incurred under #4 above will be borne by the child's family. I hereby relieve Greenleaf Friends Academy of all responsibility beyond that of normal supervision.

Child's Name _____

Mother's signature: _____ Date _____

Father's signature: _____ Date _____