



Enrollment

Class enrolled in: _____

6 months thru 2 yr. olds (Tues. & Thur. only)

Kindergarten (Monday thru Thursday only)

3 yr. Preschool & 4 yr. Pre.Kindergarten

Option #1
(Tue./Thu)

Option #2
(Tue. thru Thur.)

Option #3
(Mon. thru Thur.)

Child's Name _____ Birthdate _____

Parent's Relationship to Each Other: Married ___ Divorced ___ Separated ___ Single ___

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc., must accompany this form)

Child lives with (please check all that apply)

Mother and Father ___ Mother ___ Father ___ Other _____

Father's Name _____ Driver's License _____

Home address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Mother's Name _____ Driver's License _____

Home address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for you child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____ Home Phone _____

Release of Child

I, authorize that my child, _____ be released by GraceKids to the following persons, in addition to those already listed.

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell _____

Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell _____

Emergency Medical Care

In the event that I can not be reached to make arrangements for emergency medical attention, I authorize GraceKids staff to take my child to an Emergency Room or to the following physician (or his/her associate) for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____
City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card)

(Signature of Parent/Guardian)

State of _____ County of _____
This instrument was acknowledged before me on (date) _____ by _____

(Notary Seal)

(Signature of Notary Public)

For Office Use Only

Date of Interview _____ Interviewed by _____

Date of Enrollment _____

CHILD PROFILE

UNDERSTANDING YOUR CHILD'S UNIQUENESS

In an effort to be sensitive , responsive teachers and meet your child's unique needs, please complete the following information and return it to us. Thank you for giving us the opportunity to teach your child.

Child's Name _____ Parent (s) Name (s) _____

Email address _____ Phone (s) _____

Allergies

1. What is your child's favorite way to be held, touched , and talked to?

_____ Does she/he like to be held: _____
Over Shoulder _____ Tucked into chest _____ Does she/he prefer: Soft touch _____ Firm touch _____

2. What is your child's favorite activity?

3. Is your child : very active _____ more laid back _____

4. How does your child react to new situations or meeting someone new?

5. Does your child : go- with-the- flow _____ react big to change _____

6. How does your child react to a change in his/her routine?

7. How does your child show anger, sadness, or excitement?

8. How does your child react to transitions—home to center, play to a meal, play to bed, etc?

9. Is your child persistent when she/he has a hard time doing something? Yes _____ No _____

Does he/she keep trying or does he/she get frustrated and give up? _____

10. How does your child react toward other children?

11. Does he/she enjoy: being around other children _____ alone _____

Parent Handbook

I acknowledge the access to the GraceKids Parent Handbook with our discipline policies at www.gracekids.com. I will carefully read the rules, regulations and policies of the handbook. I agree to abide by these policies and ask for explanations of anything that is not clear to me. If not given one, I can ask for a copy of the handbook at any time.

Parent Signature: _____

Date: _____