



(619) 421-4156 ~ [www.eastlakechildrenscenter.com](http://www.eastlakechildrenscenter.com)

## Transitional Kindergarten Registration 2017-18 School Year

### Child Information

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Month Day Year

Gender: M\_\_\_ F\_\_\_ T shirt size: \_\_4T \_\_5/6 \_\_YouthXS \_\_Youth S

### Family Information: *(If address information is the same, fill out one column & write "same" in the other column)*

Name: \_\_\_\_\_  
First Last

Name: \_\_\_\_\_  
First Last

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Language used at home: \_\_\_\_\_ primary \_\_\_\_\_ secondary

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**I request the following option be added to my child's 8:30 -12:30 schedule:**

**Lunch Option:** \_\_\_\_\_  
 (Lunch option hours are 8:30am-1:30pm)

**Extended Care:** \_\_\_\_\_  
 (Extended Care hours are 7:00am-5:30pm)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian

**Attach the nonrefundable registration fee &  
non-refundable curriculum deposit to secure your child's space.**

**Office Use only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Interviewed \_\_\_\_\_ Enrollment packet due by \_\_\_\_\_

Reg. & Deposit Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Debit/Credit Card \_\_\_\_\_

Start Date: \_\_\_\_\_ Lunch Option \_\_\_\_\_ Extended Care: \_\_\_\_\_

Notes: \_\_\_\_\_

# Eastlake Church Children's Center ~ Enrollment Interview Sheet

(This information will help us better serve your child)

Child's Name: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) Month Day Year

## Does your child have any:

- 1) Preschool or daycare experience? No \_\_\_ Yes\_\_\_ Where?: \_\_\_\_\_  
Kindergarten Prep experience? No \_\_\_ Yes\_\_\_ Where?: \_\_\_\_\_  
(If yes, please provide most recent evaluation from former school or daycare)

If you answer Yes to any of the following you may be contacted by our office staff for further information.

- 2) Difficulty with speech/hearing; physical, emotional or social development?  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_

- 3) Food allergies?  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_  
(If yes, you will need to fill out required allergy information forms)

- 4) Other allergies?  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_  
List any signs or symptoms of a reaction: \_\_\_\_\_

- 5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_  
(If yes, you will need to fill out required medical condition information forms)

- 6) Does your child take any prescription medication?  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_  
Does your child need to take this medication at school? Yes\_\_\_ No\_\_\_  
(If yes, you will need to fill out a medication authorization form)

- 7) Past surgeries?  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_  
List any limitations since surgery: \_\_\_\_\_

- 8) Do both parents live in the household?  
No \_\_\_ Yes \_\_\_ If no – we will need to be aware of any custody arrangements.  
(Legal documentation is required for any pick up restrictions.)

- 9) Does your child have specific behaviors we should be aware of?  
(For example: separation anxiety; selective eater; fear of public restroom; tends to wander; etc.)  
No \_\_\_ Yes\_\_\_ (please list) \_\_\_\_\_

- 10) How did you hear about our school?  
\_\_\_Neighbor/ friend/ relative \_\_\_Church services \_\_\_Elementary School \_\_\_Phonebook  
\_\_\_Website \_\_\_ Advertisement \_\_\_Signage \_\_\_Other: \_\_\_\_\_

Do you currently attend EastLake Community Church? \_\_\_Yes \_\_\_No

Are you a member? \_\_\_Yes \_\_\_No

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Best Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_