



**Registration Form 2018-2019 School Year**

**Child Information**

**Child's Name:** \_\_\_\_\_  
(Please Print) Last First

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_ I have another child currently enrolled here \_\_\_\_  
Month Day Year

Is your child potty trained? Yes\_\_\_\_ No\_\_\_\_ My child is in Diapers\_\_\_\_ Pull Ups\_\_\_\_

**T-Shirt Size:** \_\_\_\_ 3T \_\_\_\_ 4T \_\_\_\_ 5/6 \_\_\_\_ Youth XS (Shirt included in registration fee)

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

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

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: \_\_\_\_\_

**1) Mark a schedule:**

\_\_\_\_ **Full Day: 6:30 - 5:30** (Includes class, snacks & lunch)

**Select Days:** \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F

\_\_\_\_ **Part Day: Class** \_\_\_\_ **Part Day: Class with lunch time**

- \_\_\_\_ **2 Days** (Tuesday/Thursday)
- \_\_\_\_ **3 Days** (Monday/Wednesday/Friday)
- \_\_\_\_ **4 Days** (Mon-Thurs OR Tues-Fri)
- \_\_\_\_ **5 Days**

Please mark a first and second schedule choice – we may offer an alternative schedule based on availability.

**3) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(parent or guardian)

**Attach the nonrefundable registration fee to reserve your child's space.**

**Office Use:** Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Interviewed \_\_\_\_\_ Date packet due: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Teacher \_\_\_\_\_ Schedule \_\_\_\_\_ Toddler Preschooler Kinder Prep

# 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 Yr

## Does your child have any:

1) Preschool or daycare experience?

No \_\_\_\_ Yes \_\_\_\_ Where?: \_\_\_\_\_

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 paperwork*

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 paperwork*

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 required medication authorization forms*

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 \_\_Previous child attended here \_\_Facebook

\_\_ Internet search \_\_Mall signage \_\_Advertisement \_\_Other: \_\_\_\_\_

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

Did you see or hear about the Children's Center through church? \_\_\_\_Yes \_\_\_\_No

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

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