



## Family of Christ Christian Preschool

3500 NW 129<sup>th</sup> St ~ Vancouver WA 98685 ~ 360-546-0731

### 2021-2022 Enrollment Forms

M/T 2's 8:30-11:15 \_\_\_\_\_

TH/F 3's AM 8:30-11:15 \_\_\_\_\_ TH/F 3's AM 8:45-11:30 \_\_\_\_\_

M/T/W 4's AM 8:30 - 11:30 \_\_\_\_\_ M/T/W 4's AM 8:45-11:30 \_\_\_\_\_

M/T/W/Th 3's & 4's PM 12:30-3:15 \_\_\_\_\_

Childs Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work: \_\_\_\_\_

### Emergency Contacts (other than parent)

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

Phone: \_\_\_\_\_

Authorized to pick your child up from school: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Phone: \_\_\_\_\_

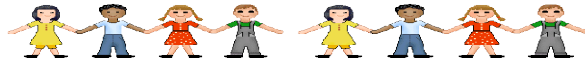
Authorized to pick your child up from school: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Phone: \_\_\_\_\_

Authorized to pick your child up from school: Yes \_\_\_\_\_ No \_\_\_\_\_

All volunteers must complete a **WSP background check** form prior to volunteering.



### Program Information:

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

Does your child have special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

### Family Background

#### Names and Ages of Siblings:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

Other's living in the home:

What does your child enjoy doing?

What are a few of your child's favorite playthings?

Any major changes in the last year to your child's life (moved, new baby etc.)

### Developmental Record (attach additional pages if needed)

Physical/health limitations?

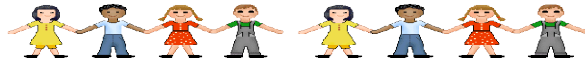
Any speech/language concerns?

Has your child had any previous group experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what ages and types of groups?

Please share any other information that you think your teachers may need to know?

### Medical Release and Emergency Information



I, (we) the parents or legal guardians of \_\_\_\_\_ do hereby authorize and consent to medical treatment deemed necessary in the event of emergency, accident or sudden illness.

Physician Preference \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance company \_\_\_\_\_

Dentist Preference \_\_\_\_\_ Phone \_\_\_\_\_

Dental Insurance company \_\_\_\_\_

Medication required or being taken on a regular basis \_\_\_\_\_  
(FOCCP will not administer Medications without face to face meeting with Dr.)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, (we) will not hold Family of Christ Christian Preschool and or Family of Christ Lutheran Church responsible or liable for any action deemed necessary in the emergency care of my (our) child. I, (we) will assume any and all expenses incurred by such emergency care.

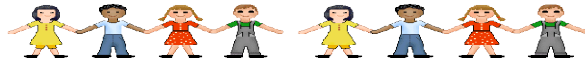
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Family of Christ Photo Release**

I am aware that Family of Christ Christian Preschool takes pictures of the children enrolled throughout the year at preschool. I acknowledge that these photos can be used in Newsletters, Advertising, Website, and for classroom usage.

Yes \_\_\_\_\_ my child's pictures can be taken and displayed in above mentioned ways.

No \_\_\_\_\_ my child's pictures cannot be taken and displayed in above mentioned ways.



## Family of Christ Christian Preschool Preschool Goals

While our goal is to expose your child to a variety of experiences and skills building on developmental miles stones for their age, we would like to know what is important to you regarding your child's development during the school year.

What are some of the goals you would like to see FOCCP working on with your child?

**Social:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emotional:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cognitive:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_