

OFFICE USE ONLY

Allergies/Other: _____

Med Form: _____ Immun: _____ Photos: _____

2025-26 Class: _____

Epworth Preschool Confidential Enrollment Form 2025-2026

Child Information

Child's Name _____

Preferred Name _____ Date of Birth _____ Gender _____

Address _____
(street) (city) (zip code)

Primary Phone # _____ Primary Email Address _____

Parent Information

Parent 1 Name _____ Phone # _____

Occupation/Business Name _____

Work/Other Phone # _____

Parent 2 Name _____ Phone # _____

Occupation/Business Name _____

Work/Other Phone # _____

Emergency Contacts (other than parents) to be reached in case of sickness or emergency

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Persons Authorized to Pick Up Child (other than parents)

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Medical Information

Pediatrician _____ Phone # _____

Dentist _____ Phone # _____

Insurance Provider _____ ID # _____

Present health _____ Full term baby? _____

Allergies _____

If allergies, how is he/she affected? _____

Has your child been prescribed an Epi-pen for this allergy? _____

Other Medical Conditions/Illnesses _____

Does your child have any disabilities or developmental delays (diagnosed or other)? _____

If so, please explain: _____

How will this affect their preschool experience and what, if any accommodations are needed (therapies, etc.)?

Please indicate the month and year of your child's last medical check-up _____

The Children's Health Form, with confirmation of a medical exam conducted in the last 12 months and signed by a physician, in addition to vaccination records, must accompany this form.

Emergencies

In the event of an emergency or if my child becomes ill, I request that you call **911** or the physician listed above at my expense. I authorize any licensed physician to provide proper treatment, order injections, or hospitalize in an emergency. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delays in emergency treatment that the physician may deem advisable in the exercise of his best judgment. I presume a reasonable attempt will be made to contact me. I also understand the school, the church, and the staff of Epworth Preschool cannot be held responsible for unavoidable accidents.

Signature _____ Date _____

Family Information

Child lives with: Both Parents One Parent Other: _____

Siblings: Name Age Gender

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the household/relationship to child _____

Additional important family information you'd like to share _____

Language

Is English the child's first/primary language? _____

If not, please list child's primary language(s) _____

Does he/she speak or understand English in addition to primary language? _____

Note: Children who do not speak or understand English as their primary language may have difficulty transitioning if this is their first preschool experience. It is recommended that you provide other English speaking experiences as well as practice speaking some English at home prior to the start of preschool.

Characteristic Behavior

How does child relate to and interact with other children? _____

To adults? _____ To new situations? _____

Child's special interests _____

Does your child have any fears or concerns that you would like us to know about? _____

Please list any other information about your child that you think would be helpful for us to know:

Past Experiences

Has your child ever attended preschool or other child care prior to Epworth? _____

If so, please list the names of all previously attended care or preschools: _____

Dietary Preferences and/or Restrictions

Please indicate any restrictions or preferences about food your child may consume at school. Be specific, please!
(Examples: vegetarian, eggs & dairy ok or vegetarian, no animal products at all, or no beef or pork, etc.)

Family Sharing

Please list below any hobbies, interests, careers, ethnic or religious traditions, or travel experiences that you would like us to know about or would be willing to share with your child's class:

Epworth Preschool Authorization/Release Information

Please complete each of the following sections completely.

Field Trips (Not applicable to children under 3)

My child has my permission to go on class field trips. I understand that all children will be seat-belted/restrained according to NC State Law while transported, and that I will receive notification and information regarding each trip in advance. I also understand that Epworth Preschool personnel will not be held responsible in the event of an accident.

Parent's Signature: _____

Date: _____

Photo & Video Release

Epworth Preschool uses photographs for a variety of projects, including posting around the school, the school website, Facebook/Instagram, class websites, preschool fairs, workshops for teachers, etc.

Because we are sensitive to the safety and privacy of your family, at no time will the names of our students accompany their photographs. Below is a release which allows you to indicate your preferences about how photographs of child can be handled.

Please choose one:

I agree that photographs and other images may be used for any publication, including those prepared for both an internal and external audience.

I do **not** want photographs and other images of my child to be used for the following Epworth projects (check any that apply):

Class website (private)

School website

Facebook/Instagram

Local media

No, I do not want my child's photographs used in any way

Medication Authorization

I authorize Epworth Preschool to administer any of the following medications as deemed necessary in the event of sun exposure, injury, illness or allergic reaction. Parents will always be notified if any medication is administered to their child. Please check all that apply:

Sunscreen (must be supplied by parent)

Brand and SPF: _____

Advil/Ibuprofen

Tylenol/Acetaminophen

Benadryl Cream

Benadryl Liquid

Additional Notes: _____

Parent's Signature: _____

Date: _____