

**OFFICE USE ONLY**

Allergies/Other: \_\_\_\_\_

Med Form: \_\_\_\_\_ Immun: \_\_\_\_\_ Photos: \_\_\_\_\_

2024-25 Class: \_\_\_\_\_

# Epworth Preschool Confidential Enrollment Form 2024-2025

## 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class website (private) | <input type="checkbox"/> School website |
| <input type="checkbox"/> Facebook/Instagram      | <input type="checkbox"/> 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: \_\_\_\_\_