



For office use:
Return of Form _____

Application is hereby made for the admission of _____
(Child's name)

Address _____ City _____ Zip _____

Phone _____ Date of Birth _____ Gender _____

Your child will be starting preschool on _____
Month _____ year _____

Our program for 1/2 or full days will be 2, 3, or 5 days.

Pre-K must attend either 5 1/2 days or 5 full days.

_____ ALL DAY M T W T F CIRCLE WHICH DAYS

_____ HALF DAY A.M. M T W T F CIRCLE WHICH DAYS

Person(s) authorized to pick up child:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Mobil _____	Mobil _____

Name _____
Address _____
Phone _____
Mobil _____

Any child left in the school after closing the agreed upon time will be charged \$5.00 for every five minutes. This amount will need to be paid at the time of pickup.

Temple Judea Preschool has permission to seek emergency treatment for my child in the event of injury or illness. When attempts to reach me or my family doctor are unsuccessful, I give permission for TJP to administer light first aid treatment.

Signature Parent or Guardian _____ Date _____

Your child's place in the school is not confirmed until this form and all fees have been returned to our school. Medical forms are needed by the first day of school.

Child's Name _____ Position in Family _____



Name and ages if brother(s) and sister(s) _____

Parent's Name _____ Phone _____

Email address _____ Mobil _____
Pager _____

Home Address _____

Employer _____ Position _____

Business Address _____ Phone _____

Parent's Name _____ Phone _____

Email Address _____ Mobil _____
Pager _____

Home Address _____

Employer _____ Position _____

Business Address _____ Phone _____

Parent's Martial Status _____

Is the child cared for by anyone other than the parents? _____

Doctor's Name _____ May we contact in case of emergency? _____

Address _____ Phone _____

Dentist Name _____ May we contact in case of emergency? _____

Address _____ Phone _____

In case of illness, whom do we contact if unable to reach family?

Name	Address	Phone
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1. _____

2. _____

3. _____

Does your child have allergies? _____



If so explain _____

Does your child have physical limitations? _____

Is your child under a doctor's supervision? _____

Does your child take any medications regularly? _____

Parent's Questionnaire:

Has child attended Preschool before? _____ How long? _____

Preschool Name _____ City _____

Special interests of child:

Favorite play activity _____

Favorite book and stories _____

Social Activities:

Does your child get along with adults? _____ Siblings? _____

List any fears your child might have _____

What would you like the school to do for your child? _____

What, if any, are issues between parent and child? _____

When you find it necessary to discipline your child what do you usually do? _____

Mother _____

Father _____

Routines:

What do you do when your child refuses food? _____

Is there anything unusual about his/her eating that you believe we should know before he eats at school? _____

Does your child take an afternoon nap regularly? _____ How long? _____



What is your child's attitude about taking a nap? _____

Urination

Bowel Movement

How does your child state need?
(Ex. actual words used) _____

How dependable is he/she? _____

To what extent is your child able to dress himself/herself? _____

Other parental comments _____

I grant my permission for the use of pictures and/or videos in which my child may appear. These pictures may be used for public relations... i.e. articles in newspapers.

Signature of Parent/Guardian _____ Date _____

It is the policy of Temple Judea Preschool to insure a positive and enriching school experience for every child. However, there are limits and boundaries we must follow.

Any child whose behavior becomes disturbing or disruptive to our program will be asked to leave school until a solution is found. We will exercise the option of asking a child to leave our program if we feel our program is not meeting that child's needs.

We will always do everything in our power to help each child adjust to the school experience before exercising this option.

Signature of Parent/Guardian _____ Date _____