



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 \_\_\_\_\_

Please inquire which age group offers 2, 3 or 5 ½ or full days.

Pre-K must attend either 5 ½ 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 _____
Mobile _____	Mobile _____

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_

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.  
Fees are non-refundable

Child's Name \_\_\_\_\_ Position in Family \_\_\_\_\_



Name and ages if brother(s) and sister(s) \_\_\_\_\_

\_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ Mobile \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile \_\_\_\_\_

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? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**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.

Department of Children and Families require preschools to inform parents at time of enrollment, that some children in care may not have current immunizations.

**Temple Judea Preschool's policy states that you cannot start preschool without the proper medical forms.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_