

Mother's Day Out Preschool Registration Form

Lake Ridge Baptist Church • 12450 Clipper Drive, Woodbridge, VA 22192 • 703-494-0373

Child's Name _____

Child's Nickname _____ Birthday _____ Gender Male Female

Home Address _____
Street City Zip

Home Telephone _____

Check here if Mother's Home address and Home Phone is same as Father's

Languages Spoken at Home _____

Parent's First Names _____

Father's Occupation _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Occupation _____

Mother's Work Phone _____ Mother's Cell Phone _____

Name of Person(s) or Agency Having Legal Custody of Child _____

MEDICAL & DEVELOPMENTAL INFORMATION

Does Child Have Allergies? _____

Medication Required at School: _____

Other Medical Info: _____

Does Child have an IEP (Individualized Education Plan)? Yes (If yes, please attach a copy) No

Does Child have a resource teacher or specialist? Yes No If yes, please include name & agency:

Do you have any concerns about your child's development or behavioral progress?

Child's sensory issues: _____

Is your child verbal or non-verbal? _____

If non-verbal, how does he/she communicate?

EMERGENCY INFORMATION

Name of Child's Physician _____ Physician's Phone Number: _____

Name of Person(s) to Contact if Parents Cannot Be Reached:

_____ Relationship to Child: _____ Phone #: _____ Cell #: _____

_____ Relationship to Child: _____ Phone #: _____ Cell #: _____

_____ Relationship to Child: _____ Phone #: _____ Cell #: _____

Person Authorized to Pick Up Child:

Person NOT Authorized to Pick Up Child:

Person NOT Authorized to Visit or Pick Up Child:

If Child Attends This Center and Another School, Please Provide Name of the School: _____

PRESCHOOL & SOCIAL INFORMATION

What do you want your child to gain from preschool? _____

Name you want your child to recognize/learn to write _____

Does your child attend Sunday School? Yes No If so, where? _____

Is your family affiliated with a church in this community? Yes No Where? _____

How did you learn of our program? _____

Do you now or have you ever had any other children enrolled in our program? Yes No

If so, Name(s) and age(s) _____

PARENT COMMITMENT

Do you agree that you must act as a Parent Helper during the year and that it is your obligation to work the number of days that the Director assigns you? Yes No (If yes, please sign your name(s))

Please understand that you may not always be assigned to work exactly where you want to since we need help in each age group each day. If you have a preference for a particular class or day, list here and the Director will make an effort to assign you there. Also, list if you have requests about certain days or weeks to work, etc.

Agreements:

1. The parents gives authorization for the child to participate in field trips. _____ Yes _____ No
2. The child care center agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pick the child up thereafter as soon as possible.
3. The parent/guardian authorizes the child care center to obtain immediate medical care, if any emergency occurs when he/she cannot be immediately located. Special Authorization completed: _____ Yes _____ No.
4. Other: _____

Signatures:

Parent or Guardian: _____ Date: _____

Administrator of Child Care Center: _____ Date: _____

Date Child Admitted for Care: _____ Date of Enrollment Termination: _____

Date of registration _____

FOR OFFICE USE ONLY

Registration Fee \$75.00 _____