

**Trinity Nursery Preschool
Child Registration Form**

Date Received _____

Please type or use black ink.

Full name of child: _____

Name child is called: _____

Birthday (month/day/year): _____

Mother's name _____ Father's name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Mother's cell phone _____ Father's cell phone _____

Mother's Employment _____ Work Number _____

Father's Employment _____ Work Number _____

Father's Address & phone number if different than above: _____

Please list family members residing with your child:

Name	Birthday	Relationship
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Emergency Contact Information:

Name of person authorized to act for parent in emergency: _____

Home Phone _____ Work Phone _____

Address _____

Relationship _____

Medical Information:

Name of Physician _____

Phone Number _____

Does your child have any allergies? If so, what? _____

Does your child take any medicine regularly? If so, what? _____

Has your child had any of the following illnesses?

___ Chicken Pox ___ Mumps ___ Scarlet Fever ___ Measles

___ Hepatitis ___ Other (explain) _____

Does your child have any recurring chronic illness or health problem such as:

___ Asthma ___ Cerebral Palsy ___ Developmental Delay ___ Diabetes

___ Earache ___ Hemophilia ___ Stomach Upsets ___ Seizure

___ Colds ___ Other (explain) _____

Any past health problems we should know about? _____

Does your child have any medical or health problem at the present time? _____

Does your child have any physical limitations we should be aware of? _____

Insurance Company & Cardholder Name:

ID Number: _____

Transportation Plan:

To insure the safety of your child, list all adults to whom your child **MAY** be released: _____

List any to whom she/he **MAY NOT** be released: _____

Specific Information Concerning Your Child:

Experiences with other children:

Does she/he play with children from other families? _____

Does she/he usually get her/his own way with other children? _____

If not, how does she/he react? _____

Previous preschool or childcare experience? _____

Please list where: _____

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____

Does she/he feed his/herself? _____

What is general attitude toward eating? _____

If she/he refuses to eat, how is this handled? _____

Favorite Foods? _____

Least favorite foods? _____

Food Allergies? _____

Please list on separate sheet what infant formula and feeding schedule your infant is on, if applicable.

1. *Sleep Habits:*

Does your child sleep: _____ in own room _____ in room with other children
_____ with parents

At night, sleeps from _____ to _____ Average hours _____

Naps from _____ to _____ Average hours _____

Attitude about going to bed? _____
How is difficulty handled? _____
Does he/she wet the bed at night? _____ Nap time _____
How is bedwetting handled? _____

2. Toilet Habits:

Is she/he potty trained? _____ At what age did or will you begin? _____
Does she/he take themselves? _____ Does she/he tell you? _____
Can she/he manage clothes for him/herself? _____
Can she/he wipe his/herself? _____
What word does she/he use for urinating? _____ BM _____

NOTE: CHILDREN AGE 3 & OLDER MUST BE POTTY TRAINED FOR ADMISSION

3. Speech & Physical Growth:

How well does she/he talk? (none, well, fairly well, etc) _____

Describe your child: (active/quiet, thin/average/heavy, tall/short, friendly/unfriendly, dependant/independent, etc.) _____

Give below any other information you feel that we need to know to best care for your child: _____

*A copy of your child's immunization records must be provided by the end of August.

AUTHORIZATION FOR THE FOLLOWING STATEMENTS:

- ◆ I hereby authorize emergency medical treatment in the event an authorized parent cannot be reached. I authorize any employee of Trinity Nursery Preschool to treat and/or transport my child for this emergency treatment.
- ◆ Although I realize that every precaution will be taken for the safety & well being of my child, I agree not to hold Trinity Nursery Preschool/Church or its employees liable for any accident or injury which may occur.

Parent's Signature

Date

Updated: July 2020

Photo Consent Form, 2020-2021 School Year

We have so much fun at Trinity Nursery and Preschool, and we always have a camera handy to capture precious moments of your little one's preschool experience. With your permission, we would love to have the option to use your child's photo to promote our preschool through various media outlets. To let us know your preference, please complete the following form and return it to your child's teacher.

I hereby give my consent for (Child's Name)'s
photograph to be used by Trinity Nursery and Preschool in the following ways:

(Check All That Apply)

☐ Posted in the Trinity Nursery and Preschool Hallway (print)

☐ Posted on the Trinity United Methodist Church Publications (i.e. Website, FB page) *We will never include the child's name or any personal information.

☐ Included in Trinity Nursery and Preschool Advertising Efforts (brochures, commercials, print ads, etc.)

☐ I Do Not Give Consent for My Child's Photograph to be Used by Trinity UMC and/or Trinity Preschool in any way.

Parent/Guardian Signature:

Date: _____