## Trinity Nursery Preschool Child Registration Form

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Date	NUCUITUU	

## Please type or use black ink.

Full name of child:				
Name child is called:				
Birthday (month/day/ye	ear):			
Mother's name	Fathe	er's name		
Address	1 util			
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 & phon	e number if different the	Work Number an above:		
1				
Please list family member				
Name	Birthday	Relationship		
		<del></del>		
		<del></del>		
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	<del></del>	<del></del>		
	c .•			
<b>Emergency Contact I</b>				
		mergency:		
		one		
Address				
Relationship				
<b>Medical Information</b>	•			
Name of Physician		<del></del>		
Phone Number	r allowaica? If ac what?	<del></del>		
Does your child have any	anergies? If so, what? _			
D 1711 1	1 1 1 0 10	1 10		
Does your child take any				
Has your child had any o				
Chicken Pox	_MumpsSo	carlet FeverMeasles		
Hepatitis	_Other (explain)			
D				
		ss or health problem such as:		
		ental DelayDiabetes		
Earache — Hemo		UpsetsSeizure		
ColdsOther	(explain)			

Any pa	st health problems we should know about?
Does ye	our child have any medical or health problem at the present time?
Does y	our child have any physical limitations we should be aware of?
Insura	ance Company & Cardholder Name:
ID Nu	mber:
To inst	portation Plan: ure the safety of your child, list all adults to whom your child MAY be d:
List an	y to whom she/he <b>MAY NOT</b> be released:
	iences 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:
	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 roomin room with other childrenwith parents  At night, sleeps from to Average hours Naps from to Average hours

How is difficulty handled?  Does he/she wet the bed at night? Nap time How is bedwetting handled? Nap time How is bedwetting handled? At what age did or will you begin? Poes she/he potty trained? At what age did or will you begin? Poes she/he take themselves? Does she/he tell you? Poes she/he manage clothes for him/herself? Poes she/he wipe his/herself? Poes she/he wipe his/herself? Poes she/he wipe his/herself? Poes she/he word does she/he use for urinating? BM Poes CHILDREN AGE 3 & OLDER MUST BE POTTY TRAINED ADMISSION  By Speech & Physical Growth: How well does she/he talk? (none, well, fairly well, etc) Poes Cribe your child: (active/quiet, thin/average/heavy, tall/short, riendly/unfriendly, dependant/independent, etc.) Poes Cribe below any other information you feel that we need to know to best capur child: Poes Poes Poes Poes Poes Poes Poes Poes		u:		
A copy of your child's immunization records must be provided by the endaugust.  A copy of your child's immunization records must be provided by the endaugust.  AUTHORIZATION FOR THE FOLLOWING STATEMENTS:  A long of my child, I agree not to hold Trinity Nursery Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church	How is difficulty handled?	) <u>-</u> <u>-</u>		
At what age did or will you begin?  So she/he potty trained?  Does she/he take themselves?  Does she/he tell you?  Can she/he manage clothes for him/herself?  Can she/he wipe his/herself?  Can she/he wipe his/herself?  What word does she/he use for urinating?  BM  WOTE: CHILDREN AGE 3 & OLDER MUST BE POTTY TRAINED  ADMISSION  Speech & Physical Growth:  How well does she/he talk? (none, well, fairly well, etc)  Describe your child: (active/quiet, thin/average/heavy, tall/short, riendly/unfriendly, dependant/independent, etc.)  Sive below any other information you feel that we need to know to best ca our child:  A copy of your child's immunization records must be provided by the endaugust.  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 Nursery Preschool to treat and/or transport my child for this emerg 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 Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Church or its employees liable for any accident or injury Preschool/Chu	Does he/she wet the bed a	t night?	Nap time	
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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 ADMISSION  Speech & Physical Growth:  How well does she/he talk? (none, well, fairly well, etc)  Describe your child: (active/quiet, thin/average/heavy, tall/short, riendly/unfriendly, dependant/independent, etc.)  Sive below any other information you feel that we need to know to best ca our child:  A copy of your child's immunization records must be provided by the end 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 Nursery Preschool to treat and/or transport my child for this emerg 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 Preschool/Church or its employees liable for any accident or injury	Does she/he take themsel	ves? Does s	he/he tell you?	· · · · · · · · · · · · · · · · · · ·
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## 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 <u>(Child's Name)</u> '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) *Wewill 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: