

# Noah's Ark Preschool, LLC

## Child Enrollment Record Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's/Guardian's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's/Guardian's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Two week notice to end enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact Information:

Name of person to contact if parents can NOT be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this person authorized to take child from center? \_\_\_\_\_

### List all other adults who are authorized to take child from center:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Medical Consent Form:

Noah's Ark has my permission to obtain emergency medical treatment for my child when I CANNOT be reached or if a delay in reaching my child would be dangerous to him/her.

Child's Physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My insurance provider: \_\_\_\_\_

My child's medical #: \_\_\_\_\_

Preferred hospital or treatment facility: \_\_\_\_\_

My child is taking the following medications:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I understand that I assume all financial responsibilities for any treatment or injuries sustained for my child while he/she is in care of Noah's Ark Preschool.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Child Introduction Form:

Please help us get to know your child; what are his/her routine, likes, dislikes, etc.?

Eating: \_\_\_\_\_

Sleeping: \_\_\_\_\_

Toileting: \_\_\_\_\_

Daily Activities: \_\_\_\_\_

\_\_\_\_\_

Fears: \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Favorites: \_\_\_\_\_

Habits: \_\_\_\_\_

Any Information that your child care provider should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share a little about where your child is developmentally: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_