

NEWPORT CHILDREN'S SCHOOL

425-641-0824

ENROLLMENT APPLICATION

Child's Name _____ Birthdate _____
Last First Middle Preferred Name

Days & time you wish your child to attend:

M T W Th F

Approximate hours: from _____ to _____

Starting date _____

Termination date _____

Parent/Guardian

Parent/Guardian

Name _____

Name _____

Home Address _____

Home Address _____

Social Security # _____

Social Security # _____

Employer _____

Employer _____

Home Telephone _____

Home Telephone _____

Business Phone Number _____

Business Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

If parents cannot be reached, please identify persons whom we may contact and who may pick up your child. Please give name, phone # and relationship:

1. _____
2. _____
3. _____
4. _____

Where did you learn about us?

Personal History:

The following information will be beneficial to the director and teacher in working with your child and will enable us to be more effective in dealing with different problems and situations as they arise. Please be assured that all information will be kept confidential.

Previous childcare experience: _____

If there are any special family circumstances such as divorce, remarriage, parental death, adoption, etc., please indicate:

Special eating habits: _____

Favorite foods: _____

Allergies: _____

Usual naptime: _____

Positive disciplinary actions used at home: _____

Parental expectation of center: _____

Comments: _____

Health History:

Doctor's Name: _____ Phone # _____

Special Recommendations: _____

Date of last physical 1. _____ 2. _____ 3. _____ 4. _____

Any known sight or hearing problem? _____

Has your child had any of the diseases listed below?

Bronchitis _____ Date _____ Measles (Hard) _____ Date _____

Chicken Pox _____ Date _____ German Measles (3 day) _____ Date _____

Hepatitis _____ Date _____ Mumps _____ Date _____

Scarlet Fever _____ Date _____ Whooping Cough _____ Date _____

Has your child has illnesses other than above? _____

Dates of child's most recent visions & hearing test? 1. _____ 2. _____ 3. _____

Emergency Release

In the event that I cannot be located, I hereby give my consent to the school staff to administer first aid, call for emergency medical help, and/or transport my child to a medical facility to treat my child. I expect that a conscientious effort will be made to locate me or my designees.

Authorized Signature

Date