

# NEWPORT CHILDREN'S SCHOOL ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle Preferred Name

Desired Schedule: M T W Th F Approximate Hours: from \_\_\_\_\_ to \_\_\_\_\_

Starting Date: \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

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. \_\_\_\_\_

## Personal History:

The following information will be beneficial for teachers working with your child and will enable us to be more effective in dealing with different issues as they arise. Please be assured that all information will be kept confidential.

Are there any special family circumstances such as divorce, remarriage, parental death, adoption, moving, new siblings, etc?  
Please indicate \_\_\_\_\_

Do we need to be aware of any custodial arrangements? \_\_\_\_\_

What other information could be helpful for us to know in order to facilitate your child's transition into our school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Concerns: \_\_\_\_\_

Has your child been evaluated or diagnosed in the areas of:

Speech      Developmental Delays      Sensory Integration      Behavioral Concerns      Other\_\_\_\_\_

\_\_\_\_ If yes, please provide documentation and information.

Yes   No

Who evaluated your child?

Family Doctor      School District      Psychologist      Kindering Center      Other\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preschool and Child Care Experience:**

School	Year Attended	Director	Teacher Names	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HEALTH HISTORY**

Doctor's name \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of last physical \_\_\_\_\_

Allergies: \_\_\_\_\_

If yes, please advise us so we may obtain more specific information.

Does your child have any chronic health conditions and/or medical history (i.e. seizures) we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**Field Trip/ Off Premises Activity Authorization**

I hereby consent and authorize my child to be allowed to participate in field trips. In addition, by signing this authorization, the parent or legal guardian is representing his child is physically and behaviorally capable of participating in field trips.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Photography Release**

I give Newport Children's School permission to photograph my child for the use of classroom and/ or school displays.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date