



# ST. ELIJAH MOM'S DAY OUT & PRE-K REGISTRATION FORM 2020-2021

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_

Last

First

Middle

Class Enrolled \_\_\_\_\_ Days Enrolled \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male Female Birthdate \_\_\_\_\_

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

Street

City

State

Zip

Home Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address if Different \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ Attending St. Elijah Yes ( ) No ( )

Name \_\_\_\_\_ Age \_\_\_\_\_ Attending St. Elijah Yes ( ) No ( )

Name \_\_\_\_\_ Age \_\_\_\_\_ Attending St. Elijah Yes ( ) No ( )

## Grandparents

### Maternal

Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_

### Fraternal

Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_

# AUTHORIZATIONS/RELEASES

## EMERGENCY CONTACTS

In the event of an emergency please list two (2) people, other than parents, who would be willing and able to come pick up your child in the event that St. Elijah staff were unable to reach the parents.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

## AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Please list any persons you wish to authorize to take child from facility without other written consent.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **DO NOT RELEASE:** (if applicable)

Do not allow my child to be released to the following people:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY TREATMENT/MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Director of St. Elijah MDO & Pre-K or designated staff appointed by the Director to take my child or to have my child transported by Emergency Medical Services (911) to:

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Preferred Hospital \_\_\_\_\_

I give permission for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHILD'S MEDICAL HISTORY

List any known medical conditions (attach documentation if needed)

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List any serious injuries/hospitalizations child has had in the past 12 months:

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Does your child have any known allergies? Yes ( ) No ( ) Epi-pen Required? Yes ( ) No ( )

List allergies and restrictions

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List all medicines your child is currently taking (Include as needed medications and vitamins)

Medication	Dosage	Frequency

***ALL IMMUNIZATION EXEMPTION REQUESTS MUST BE SUBMITTED AT TIME OF APPLICATION. Entrance into the school is subject to approval of requested exemption.***

***If any changes occur please update this page immediately.***

## CLASS LISTS

**Distribution of address:** I hereby ( )give ( )do not give my permission for distribution of my address, phone number and/or email address to any other parent of a child enrolled in my child's class at St. Elijah Mom's Day Out (*Phone, address, email lists will be given out by request only, and are to be used solely for purposes such as organizing play groups, or mailing invitations, etc. They will not be given out for any commercial purposes.*)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPHS

From time to time, St. Elijah Mom's Day out will photograph your child for use in classroom activities, parent events, or for use on our website.

\_\_\_\_ I give permission for St. Elijah Mom's Day Out to photograph my child for use outline in paragraph above;

**OR**

\_\_\_\_ I give permission for my child's teacher to take photographs of my child for use in Art/Classroom activities that may arise during the school year

**OR**

\_\_\_\_ **I DO NOT** wish to have my child photographed while attending St. Elijah Mom's Day Out.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ALL ABOUT ME

The information on this page will be used by your child's teacher to have the best understand of your child.

Student's Name \_\_\_\_\_  
Last First Middle

Preferred or Nick Name(s): \_\_\_\_\_

My favorite activity is: \_\_\_\_\_

My favorite toy is: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

I can do all these things by myself: \_\_\_\_\_

Special Dietary Needs or Restrictions: \_\_\_\_\_

Items Needed for Naps/Security: \_\_\_\_\_

Does student have a difficult time adjusting to new situations/environments? \_\_\_\_\_

Is student toilet trained? Yes ( ) No ( ) Working on it? Yes ( ) No ( )

Previous School Attended (if any) \_\_\_\_\_

Do you have any concerns about your child's development? \_\_\_\_\_

Has student been diagnosed with any learning disabilities? \_\_\_\_\_

Please circle all the words that best describe student:

*calm excitable happy sensitive cheerful loud easily angered stubborn curious*  
*active destructive gives in easily temper tantrums jealous shares well hyperactive*  
*bright busy quiet shy contented*

List any other information you believe the teacher should know about student

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