

# KinderArt Preschool and Daycare

Inspiring Confident Enthusiastic Learners!

## Background Information

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

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

\_\_\_\_\_ Telephone: \_\_\_\_\_

Days Desired            M,W,F            T,Th    M-F            Start Date: \_\_\_\_\_

Extended Day (pick up after 3:00)? Y/N            Early Morning Care? Y/N

Parent/Guardian #1: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Alternative Phone #: \_\_\_\_\_

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

Parent/Guardian #2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Alternative Phone #: \_\_\_\_\_

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

Marital Status of Parents: \_\_\_\_\_

Custody-Visiting Arrangements: \_\_\_\_\_

List Siblings and their Ages:

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

Other Members of the Household:

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Is your child toilet trained? Yes No  
Describe assistance needed and words used: \_\_\_\_\_

Does your child nap? Yes No When?\_  
What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child have any particular fears? Yes No  
If yes, please explain: \_\_\_\_\_

Does your child have vision or hearing problems? Yes No  
If so, please explain: \_\_\_\_\_

Does your child have any health problems we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes No  
If so, please explain: \_\_\_\_\_

Do you have any concerns regarding specific areas of your child's development? \_\_\_\_\_  
\_\_\_\_\_

Does your child have frequent colds? Yes No

Earaches? Yes No

Stomachaches? Yes No

Sore Throats? Yes No

Fevers? Yes No

Are there any special medical, physical or emotional needs that the staff or school should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Does your child play well alone? No Yes  
 Does your child play well in groups? No Yes  
 Are there neighborhood playmates? No Yes

Please circle words below that describe your child:

Happy	Aggressive	Friendly	Moody
Dependent	Stubborn	Impulsive	Fearful
Good-natured	Even-tempered	Attentive	Sympathetic
Clumsy	Quiet	Shy	Sleepy

Other: \_\_\_\_\_

Has your child gone to preschool or daycare before? No Yes

If so, where? \_\_\_\_\_

Please describe previous experience: \_\_\_\_\_

Has your child learned to:

- |                                       |    |     |                |
|---------------------------------------|----|-----|----------------|
| 1. Say nursery rhymes?                | No | Yes |                |
| 2. Sing songs?                        | No | Yes |                |
| 3. Listen to stories?                 | No | Yes |                |
| 4. Say his or her name?               | No | Yes |                |
| 5. State his or her age?              | No | Yes |                |
| 6. Recognize and name common objects? | No | Yes |                |
| 7. Follow simple directions?          | No | Yes |                |
| 8. Count?                             | No | Yes | How far? _____ |
| 9. Balance on one foot?               | No | Yes |                |
| 10. Throw and catch a ball?           | No | Yes |                |
| 11. Ride a tricycle?                  | No | Yes |                |
| 12. Draw a person?                    | No | Yes |                |
| 13. Write his or her name?            | No | Yes |                |

What do you hope will be included in your child's preschool program?

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

How did you hear about KinderArt? \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Person to be notified in case of emergency:

Parent/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

## Persons authorized to pick up your child:

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

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

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

I authorize KinderArt to seek medical attention for my child, \_\_\_\_\_

Special Considerations: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Emergency Hospital Preference: \_\_\_\_\_

I understand that all changes to this document must be made in person. Pick up MAY NOT be changed over the phone, through email or fax. I further understand that changes to pick up schedule need to be made at least 24 hours prior to alternate pick up.

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

Revision Date(s): \_\_\_\_\_

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## Handbook Sign-off

I have read the KinderArt handbook and agree to follow KinderArt policies which include but are not limited to the following:

initial

- \_\_\_\_\_ My tuition is payable on the 1st of each month, beginning with September and ending in June, whether or not a bill is received. I understand there is a 10% late fee assessed to my bill for any payments received after the 20<sup>th</sup>, and that services may be suspended if payment is not received by the last day of the month.
- \_\_\_\_\_ My child will be kept home from school if they are experiencing fever, vomiting or diarrhea, and will remain at home for a full 24 hours after they are symptom free without medication. They will also be kept home for the first 24 hours after beginning an antibiotic.
- \_\_\_\_\_ KinderArt does not allow peanut or tree nut products on the premises. I agree to refrain from sending such products to school with my child.
- \_\_\_\_\_ KinderArt does not allow the substitution of non-scheduled days for scheduled days. If I need to send my child on an unscheduled day, I understand there will be a charge for the added day. If I keep my child home for any reason, I understand there will be no deduction for the missed day.
- \_\_\_\_\_ KinderArt's preschool program ends at 3:00pm, after school care at 5:30pm. I understand that I must have my child picked up and out of the building by the appropriate time. I understand there is a charge of \$2.50 per minute which will be assessed to my bill in the event that my child is picked up late.
- \_\_\_\_\_ KinderArt requires a 2 week written notice if I wish to withdraw my child from their program.
- \_\_\_\_\_ I understand that KinderArt staff are prohibited from babysitting KinderArt students and/or their siblings, and agree not to request such services.
- \_\_\_\_\_ I am aware that KinderArt will send bills and correspondence via mail, handouts, and electronically. I understand that I am responsible for information received via mail, handouts, and email.

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Signature

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Date

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## Permission Slip

At KinderArt, field trips are a part of our activities. We will go on various field trips, walking or driving, throughout the year. Parents will be notified ahead of time and there will be a sign up sheet when drivers are needed. The trips will be to local parks, libraries, museums, farms, the zoo, etc. A small additional fee may be charged depending upon the field trip.

I give my child permission to attend field trips with his or her class.

At KinderArt, we take lots and lots and lots of photos. Some of these are used for projects, some for the slide show at graduation, some for KinderArt's website, Facebook page, and some just for fun!

I give KinderArt permission to photograph my child and display these photographs in the following manner: (Place a check for all that apply)  
in classroom displays \_\_\_\_\_ for publicity purposes \_\_\_\_\_  
in the slideshow \_\_\_\_\_ on Facebook \_\_\_\_\_ on the website \_\_\_\_\_

No matter what the use, children will not be identified in the photos.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KinderArt Preschool and Daycare

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## Preadmissions Record

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

(H) \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(OTHER) \_\_\_\_\_ (OTHER) \_\_\_\_\_

- Background Information Sheet
- Handbook Sign Off
- Permission Slip
- Physical Form with Immunizations
- Emergency Information Sheet
- Copy of Birth Certificate
- \$75.00 Registration Fee

.....  
(for office use only)

Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days Enrolled:      M      T      W      Th      F

Extended Care? Yes No                      Early Morning Care? Yes No

Deposit Amount: \_\_\_\_\_ Discount (if any): \_\_\_\_\_

Date: \_\_\_\_\_ Monthly Tuition Rate: \_\_\_\_\_

Admin Signature: \_\_\_\_\_

