

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: _____

After School Care? 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:

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 20th, 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.

Signature

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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: _____

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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: _____

