

Point of Grace Children's Academy

305 NE Dartmoor Dr. Waukee, IA 50263

Phone (515) 987-2352

Fax (515) 987-9550

Child's Name (Last) _____ (First) _____ (M) _____
Birthdate _____ Sex M ___ F ___

Ethnicity (circle) White(Non-Hispanic) Black (Non-Hispanic) Asian/Pacific Islander
Latino/Hispanic American Indian/Native Alaskan Unknown

Student lives with (check one) Mother & Father _____ Mother Only _____ Father Only _____
Guardian _____ Mother & Step Father _____ Step Mother & Father _____ Grandparents _____

Family email addresses: _____

Church _____ Pastor's Name _____

Mother's Name: _____ Home Phone _____

Address _____
Street City State Zip

Employer _____ Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Address _____
Street City State Zip

Employer _____ Work Phone _____ Cell Phone _____

Siblings: Names and Ages _____

I have read the Parent Handbook and I accept and agree to follow the policies and regulations. I release Point of Grace Children's Academy from any liability for injuries or illnesses resulting from circumstances beyond its control.

Name _____ Date _____

I hereby Do/Do Not give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

Parent/Guardian Signature _____ Date _____

The completed immunization card with all required immunizations (dated and signed by doctor) must be on file before the child starts classes. Registration is not complete until the physical exam form and immunization card are on file with all completed registration forms.

Child's Name _____

Center _____

Mom's Name _____

Dad's Name _____

Home Address _____

Home Address _____

City, Zip _____

City, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

In the event that parents are unavailable, please contact:

Name/Relationship _____

Phone Number/Cell Number _____

In the event that my child may require emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental or surgical treatment to

_____ doctor, _____ dentist, and

_____ hospital, or designee of their care I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

I hereby give permission for my child to leave the center for field trips in a vehicle provided by the center or on foot. I give permission for my child to be transported to and from school in a vehicle provided by the center.

I hereby give permission for my child to leave the center with the following persons named below. **It is the responsibility of the parent to notify the center in writing of changes.**

Name/Relationship _____

Name/Relationship _____

Individuals NOT allowed to pick up the child: _____

Other custody situations the center should be aware of:

Parent/Guardian Signature _____ Date _____

Developmental History

Child's Full Name _____ Nickname _____

I. Birth

Is your child receiving any special services from another agency? Please List _____

Has or does your child have any known health problems? (premature birth, etc) Yes ____ No ____

If yes, please describe _____

Does your child need regular medication? Yes ____ No ____ If yes, what and when is it given? _____

Does your child have any known allergies? Yes ____ No ____ If yes, please list allergens: _____

Special instructions in case of an allergic reaction: _____

Is your child prone to: (circle if yes) upset stomachs, colds, seasonal allergies, earaches, headaches, sore throats, nose bleeds, other _____

Are there any indications of hearing or vision problems Yes ____ No ____

Does your child have an physical or mental disabilities? Yes ____ No ____ If yes, explain: _____

II. Physical

Eating:

Does your child have a special diet? Explain _____

Due to allergies, reactions, are there any foods that should not be served to your child?

Yes ____ No ____ Explain _____

Toilet Habit:

Can your child be relied upon to indicate his bathroom wishes? Yes ____ No ____

What word is used for urination _____ bowel movement _____

Social Relationships

How would you describe your child's personality? _____

Has your child ever been in childcare before? Yes ____ No ____

What experience has he/she had in playing with other children? _____

How does he/she get along with his brother and sisters? _____

Other adults? _____

Does he/she demand a lot of attention? Yes__ No __ Does he/she relate to strangers? Yes__ No ____

Do you feel he/she will adjust easily to preschool situation? Yes ____ No ____

How does he/she show his/her feelings? _____

What makes him/her upset or angry? _____

What discipline method works best for your child? _____

Favorite toys/activities at home? _____

IV. Comments:

In what particular ways can we help your child this year?

Signature of Parent/Guardian _____ Date of Enrollment _____