

**United Church Nursery School, Chapel on the Hill  
Enrollment Information**

Full Name of Child: \_\_\_\_\_ Name to be called: \_\_\_\_\_

Child's DOB \_\_\_\_\_ Adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ First day of attendance: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**Parents/Custodial Parents:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

\_\_\_\_\_  
City Zip Code City Zip Code

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Do you want to receive nursery school communication at the above address? \_\_\_\_\_  
Do you want to receive nursery school communication at the above address? \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

\_\_\_\_\_  
City Zip Code City Zip Code

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Transportation Plan:**

Please list any other adults to whom your child may be released or are authorized to provide transportation to your child:

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

**Emergency Contact Information:**

Name of person, other than the teachers and director, authorized to act for parent in an emergency.

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City Zip Code

Place & Address  
of Employment/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers: \_\_\_\_\_

**Physician Contact Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City Zip Code

**Health Information:**

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

Describe any medical condition, special need or chronic illness that we should know about: \_\_\_\_\_

Does your child take any medication which might affect his/her behavior? \_\_\_\_\_

Describe any serious illness, surgery, accident or hospitalization: \_\_\_\_\_

Describe any events (e.g. premature birth) or condition which have affected child's development: \_\_\_\_\_

**Speech and Growth:**

The child talks: \_\_\_\_\_ Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Not Very Well \_\_\_\_\_ Not at all

Does anyone read to the child? \_\_\_\_\_ How regularly: \_\_\_\_\_

Which of the following words would you use to describe your child? Check all that apply.

\_\_\_\_\_ active \_\_\_\_\_ quiet \_\_\_\_\_ friendly \_\_\_\_\_ unfriendly \_\_\_\_\_ fearful \_\_\_\_\_ daring

Is there any other information you think we should have about the child? \_\_\_\_\_

**Background Information:**

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use back if more room is needed

Other people living in the home and relationship to child: \_\_\_\_\_

**IMPORTANT**

Has either parent or legal guardian ever been convicted of a felony? \_\_\_yes\_\_\_no Does either parent or legal guardian have any felony charges pending against them? \_\_\_yes\_\_\_no Is either parent or legal guardian currently required to register as a sex offender in any state? \_\_\_yes\_\_\_no If yes indicate the state(s) \_\_\_\_\_

Name of the offender \_\_\_\_\_.

**Experiences with Others:**

What are some of the ways the child plays at home? \_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

How does he/she react when things do not go his/her way? \_\_\_\_\_

Describe difficulties you observe in your child's social interactions: \_\_\_\_\_

Describe other experiences child has had in groups (e.g. Sunday School, mother's day out, sitters). \_\_\_\_\_

\_\_\_\_\_

If this is your child's first year at our school, does he/she know any other children in the program? \_\_\_\_\_

Who? \_\_\_\_\_

**Eating Habits:**

What time does the child eat breakfast? \_\_\_\_\_ Does your child feed him/herself? \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

**Sleeping Habits:**

Does child take a nap? \_\_\_\_\_ When and how long? \_\_\_\_\_

Child's usual bedtime: \_\_\_\_\_

Describe child's sleep habits or patterns which might affect his/her behavior at school: \_\_\_\_\_

\_\_\_\_\_

**Bathroom Habits:**

Is child toilet trained? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Does the child tell you when he/she needs to go and does he go willingly: \_\_\_\_\_

Can he/she manage his/her clothes in the bathroom? \_\_\_\_\_ Can child wipe own bottom? \_\_\_\_\_

Words used for: Urinating: \_\_\_\_\_ Bowel Movement: \_\_\_\_\_

**Parent Declarations:**

I received a summary of the licensing requirements.

I do hereby authorize emergency medical care for my child.

I visited the facility prior to enrolling my child. Pre-enrollment visit date: \_\_\_\_\_

I received a copy of the Nursery School Handbook of Policies and Procedures, and I understand and agree with their content.

I have received, read and understand the abbreviated copy of the United Church Nursery School's Emergency, Disaster and Evacuation Plans. I understand that I may also examine the school's detailed plans. I give my permission to the United Church Nursery School to shelter in place or evacuate my child according to the schools plans or directions from T.E.M.A. or the Oak Ridge Police or Fire Dept., which will supersede the school's plans.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

Date of Child's Withdrawal: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

This form will be maintained for one year after date of disenrollment.  
Information on this form shall be updated annually or as needed to ensure protection of the child.

Date of last update:			
Parent's initials:			