



Palma Ceia
 Presbyterian Preschool
 Strong roots. Strong branches.

ENROLLMENT INFORMATION FORM

2019 - 2020

It is the responsibility of the parent or legal guardian to notify PCPC Preschool of any changes to your child's enrollment form in writing. This includes, but is not limited to, changes of address, changes regarding your child's allergies, changes to your child's health forms.

CHILD'S NAME: _____ DATE OF BIRTH: _____

PREFERRED NAME: _____ SEX: M F DATE ENROLLED: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

EMAIL: _____ EMAIL: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

WORK PHONE: _____ WORK PHONE: _____

SS # (optional): _____ SS # (optional): _____

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "Know Your Child's Day Care Facility" brochure and "The Flu: A Guide for Parents" brochure. "The Flu: A Guide for Parents" must be read during the months of August or September. The parent's or legal guardian's signature below certifies receipt of the child care facility brochure and flu handout (via pcpcpreschool.org and/or a hard copy provided by PCPC Preschool).

Signature of Parent or Legal Guardian:

Name: _____ Date: _____

HILLSBOROUGH COUNTY ORDINANCE requires that parents are notified in writing of the "disciplinary practices" used by the child care facility (which are located in our handbook). The parent's or legal guardian's signature below certifies receipt of discipline policies and parent handbook, agreement of the alternate nutrition plan, and that all the information on this enrollment form is complete and accurate.

Signature of Parent or Legal Guardian:

Name: _____ Date: _____

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions):

Does he/she take medication? _____

Has he/she had any assessment or received services from a speech therapist, occupational therapist, developmental practitioner, or have low vision or hearing? _____

If so, please explain: _____

Preferred Physician: _____ Phone: _____

Address:

_____ STREET CITY STATE ZIP CODE

Preferred Hospital: _____

PLEASE NOTE: PHYSICAL AND IMMUNIZATION RECORDS SHOULD ACCOMPANY THE CHILD

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan (At PCPC Preschool the alternate nutrition plan is that we provide one morning snack, as checked below). I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs (None unless asked). Indicate Special Dietary Requirements so that we may provide a snack that meets his/her requirements:

Mark P for Parent Provides, or C for Center Provides

X C X X X X X X
Breakfast Morning Snack Noon Meal Afternoon Snack Dinner Evening Snack
Formula

EMERGENCY CONTACT:

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

- 1. _____
PHONE NAME RELATIONSHIP
- 2. _____
PHONE NAME RELATIONSHIP
- 3. _____
PHONE NAME RELATIONSHIP

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or

injured at, Palma Ceia Presbyterian Preschool, I understand that the facility will:

- (1) Contact me immediately and
- (2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, Palma Ceia Presbyterian Preschool is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Parent/Guardian Signature:

Relationship to Child: _____ Date: _____

PERSONS AUTHORIZED TO REMOVE CHILD (NON-EMERGENCY CONTACTS)

- 1. _____
NAME RELATIONSHIP PHONE
- 2. _____
NAME RELATIONSHIP PHONE
- 3. _____
NAME RELATIONSHIP PHONE



FAMILY INFORMATION

Maternal Grandparents _____

Paternal Grandparents _____

What do your children call their grandparents? (i.e. Grandma, Pop-Pop, Nana, etc.)

Alternate Caregivers:

Do you or your child have friends that also attend the preschool? If so, please list them here:

Are there others individuals who are significant to your child, or individuals that we are likely to see? If so, please list them here:

Has he/she or does he/she now attend any school other than PCPC? Which one?

Can you tell us a little about your pregnancy and your child's early development?

What are your goals for your child in preschool? How would you like your child to grow?

What are your child's special gifts and strengths?

Please describe your child's temperament with as much detail as you can provide (i.e: Do they struggle with transitions? What activities wear them out? What activities capture their interest? Etc.)

Do you believe your child has any special needs of which we should be aware? We are using the term very broadly to include any early interventions or any therapies (physical, speech, occupational, etc.) that your child has received.

Do you have any fears about your child or about starting preschool?

Do you have a planned academic path for your child? What schools will you be considering as your child moves on from here?

Is there anything else you would like us to know as we seek to provide a loving and knowledgeable school home in partnership with you? Please feel free to attach a narrative, if you need additional space.
