



Preschool Enrollment Information and Authorization Form

Located within the Downtown Athletic Club
999 Willamette Street, Eugene (541) 484-4011

Name of person enrolling child: _____
Relationship: _____ DAC Member NO YES Account #: _____ Date: _____
Child's last name: _____ Child's first name: _____
Middle name: _____ Nickname: _____
Gender: _____ Birthdate: _____ Child's age: _____

Parent(s) or Guardian(s) can be reached during child care hours:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Home address: _____ Phone: _____
_____ Cell phone/pager: _____
Email: _____
Employer: _____ Phone: _____
Work address: _____ Work hours: _____

If a parent or guardian cannot be reached during child care hours, contact person(s):

Name: _____ Relationship: _____
Home address: _____ Phone: _____

Name: _____ Relationship: _____
Home address: _____ Phone: _____

Persons authorized to pick up your child besides yourself:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Other children in household:

Name: _____ Nickname: _____ Age: _____ Gender: _____
Name: _____ Nickname: _____ Age: _____ Gender: _____
Name: _____ Nickname: _____ Age: _____ Gender: _____

Discipline: Please see section titled Guidance in parent handbook.

What kind of discipline is used at home? _____



GENERAL INFORMATION

Has your child had previous experience in child care? Yes No

If yes, what type of care: _____

Name of center/care provider: _____ City: _____ State: _____ How long: _____

Has your child had experience playing with other children? Yes No

If no, please explain: _____

Do you feel your child will adjust easily to a child care environment? Yes No

If no, please explain: _____

Does your child enjoy being alone? Yes No

If no, please explain: _____

Is your child frightened by any of the following (please circle all that apply):

Animals The dark Loud noises Storms Other: _____

By nature, is your child (please circle all that apply):

Friendly Aggressive Shy Withdrawn

How does your child react to strangers? _____

What makes your child angry? _____

How does your child show his/her feelings? _____

What do you find is the best way of handling your child when he/she is upset? _____

Who does the most of the disciplining in your family? _____

How do you comfort your child? _____

In what particular way can we help your child this year? _____

Reason for requesting child care: _____

What do you hope to gain for yourself and/or your child from our program? _____

PERSONAL HISTORY

What are your children's play habits? _____

Is your child a good climber? Yes No Does your child fall easily? Yes No

At what age did your child begin talking? _____ Does your child speak in words or sentences? _____

Does your child have any special words to describe his/her needs? Yes No

If so, please share them with us: _____

What languages are spoken in your home? _____

What are your child's eating habits? _____

What are your child's current sleeping schedule?

Night time: From _____ To _____

PM Nap time: From _____ To _____

Does your child like having their back rubbed to fall asleep? Yes No

What is your child's mood upon waking? _____

What are your child's fears? _____

What are your child's likes and dislikes? _____

TOILETING INFORMATION

Potty training is not a requirement for enrollment.

Is your child ordinarily dry during the day? Yes No

Is your child ordinarily dry during naps? yes No

Can your child meet his/her toileting needs independently? Yes No

Can your child go to the toilet alone? Yes No

Does your child have frequent toilet accidents? Yes No

Does your child use toilet paper? Yes No

Describe problems or issues connected with toileting: _____

MEDICAL INFORMATION

Please indicate which communicable disease(s) your child has had:

Measles (Big Red)

Measles (3 Day)

Mumps

Chicken Pox

Whooping Cough

Other: _____

Has your child had any serious illnesses or accidents? Yes No

If yes, please explain: _____

Has your child ever been hospitalized? Yes No

If yes, please explain why: _____

What arrangements can you make for your child's care during times of illness? _____

Does your child have any breathing concerns? _____

Are there any foods your child cannot eat? _____

Does your child have any allergies? Yes* No

If so, what allergies? _____

** If your child has any severe or life threatening allergies, please notify the center director in writing so we may make reasonable accommodations, whenever possible.*

Has your child had chickenpox? Yes No No, has been vaccinated

Are allergies/health problems serious enough to restrict your child's activities? Yes No

Special arrangements: _____

Child's doctor: _____ Phone: _____

Address: _____

Child's dentist: _____ Phone: _____

Address: _____

What hospital do you prefer? _____ Phone: _____

Child's school (if attending): _____ Phone: _____

REQUESTED SCHEDULE INFORMATION

Anticipated start date: _____. Please mark the dates you would like care. Preference is given to M-F schedules, M,W,F schedules and Tu, Th schedules. Other schedules will be considered, but not guaranteed. The cut off for "half days" is at 12:30 p.m. Once enrollment is accepted for your anticipated start date, your space is reserved for you. You will be billed for your reserved spaces, regardless of frequency of use. Please see the parent handbook for additional information.

Monday

Full Day

Mornings Only

Afternoons Only

Tuesday

Full Day

Mornings Only

Afternoons Only

Wednesday

Full Day

Mornings Only

Afternoons Only

Thursday

Full Day

Mornings Only

Afternoons Only

Friday

Full Day

Mornings Only

Afternoons Only

Drop off time: _____ Pick up time: _____ (The preschool opens at 7 a.m. and closes at 6 p.m.)

PRIOR TO ACCEPTED/CONTINUING ENROLLMENT, EACH PARENT/GUARDIAN MUST AGREE TO THE FOLLOWING:

1. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Newberry child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.

2. In an emergency, Newberry Child Care/Downtown Athletic Club has my permission to obtain medical treatment for my child, except for these restrictions, if any:_____.
Newberry Child Care will always attempt to contact you if your child is injured. Please see your parent handbook for additional information.

3. My child may be taken on supervised neighborhood walks and excursions.

4. My child may be taken on class field trips. (A field trip permission slip will also be required for each field trip.)

5. My child may be given prescribed or nonprescription medication only if staff is instructed to do so by my child's parent(s) or guardian(s). A separate release form must be filled out for each medication.

6. I have received a copy of Newberry Child Care's Parent Handbook, and agree to adhere to the policies within.

7. My child may be photographed for publicity or news purposes. If I do not wish him/her to be photographed for these purposes, I will indicate so by checking this box:

8. I understand that each parent or guardian must assume full risk for his/her child(ren) and property arising out of participation in Newberry Child Care's programs and activities, and must agree to release, indemnify, and hold Newberry Child Care and the Downtown Athletic Club harmless from any and all risk and liability, except as may arise from the negligent acts or omissions or willful misconduct on the part of Newberry Child Care or the Downtown Athletic Club. Each parent or guardian must further agree to indemnify Newberry Child Care and the Downtown Athletic Club for all legal expenses sustained through any accident or injury caused by parent/guardian or guardian's dependent. Newberry Child Care shall not be liable for articles lost, stolen or damaged.

9. The undersigned hereby agrees to all the terms and conditions set forth.

I agree to give 30 days written notice before withdrawing my child from Newberry Child Care.

Signature of parent or guardian

Date