

First Step Preschool

Student Registration Form

Check Preferred Session For Your Child:

4-5 yr. Olds M-W-F 8:30-11:00 a.m. ____ or 12:30-3:00 p.m. ____
3-4 yr. Olds T-Th 9:00-11:00 a.m. ____

PARENTS PLEASE FILL IN ALL BLANKS

Child's Name _____ Age ____ Date of Birth _____

Nickname _____ Circle One: Male / Female

Parent/Guardian Information:

Father's Name: _____ **Employer:** _____
Address: _____ **Address:** _____
City/St/Zip: _____ **City/St/Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Ext. #:** _____ **Email:** _____

Mother's Name: _____ **Employer:** _____
Address: _____ **Address:** _____
City/St/Zip: _____ **City/St/Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Ext. #:** _____ **Email:** _____

Persons to whom child may be released by preschool staff: (Other than Parent/Guardian) I have no one, please write "none".

Name: _____ **Name:** _____
Address: _____ **Address:** _____
City/St/Zip: _____ **City/St/Zip:** _____
Phone: _____ **Phone:** _____
Relationship: _____ **Relationship:** _____

Name: _____ **Name:** _____
Address: _____ **Address:** _____
City/St/Zip: _____ **City/St/Zip:** _____
Phone: _____ **Phone:** _____
Relationship: _____ **Relationship:** _____
***Daycare Provider Name:** _____ **Phone:** _____

Person who will take responsibility for the child in an emergency when parents can't be reached:

AT LEAST ONE NAME MUST BE GIVEN

Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____
City/St/Zip: _____

Name: _____ **Phone:** _____
Address: _____
Relationship: _____ **City/St/Zip:** _____

Consent to contact physician in an emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to First Step Preschool and its teachers to contact (physician name) _____ (city) _____
(phone) _____. And, if necessary, take my child to the following physician(s), clinic, and hospital _____.

Signature of Parent

Date

Child's Medical Information (*Required*)

**** Please attach two (2) photocopies of Certificate of Immunizations from a child's physician.**

**** The State of Nebraska *requires* us to report immunization records for every student. This is not optional. One copy will be sent to NE Department of Health and Human Services and one copy will be kept on file at school.**

Your child will not be permitted to start school without these two (2) forms.

Any health problems preschool staff should know: _____

Medication, if any: _____

FIRST STEP PRESCHOOL DOES NOT ADMINISTER MEDICATIONS ON A DAILY BASIS, ONLY IN A SITUATION OF ALLERGIC REACTION TO AN ALLERGEN.

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Give clear instructions in the event of an exposure.

Physical limitations: _____

Any activities child should not engage in: _____

Special Concerns: (glasses, hearing aid, crutches) _____

MEDICATION COMPETENCY STATEMENT

I (parent or guardian), ___]_____ have determined that First Step Preschool staff is competent to give or apply medication to my child(ren).

Signature of parent/guardian _____ Date _____

General Information

Please List All Family Members Whom Your Child Might Talk About: (Brothers, Sisters, Grandparents, Pets, Etc.)

Is your child living with both parents? _____ Mother Only _____ Father Only _____
 Adopted? _____ If so, how long have you had your child? _____

Briefly note your major hopes and goals for your child's preschool year. We would like to know what you are particularly interested in accomplishing in your child's life and development this school year.

Please indicate any physical or emotional problems which are present in your child, or any other special information to help us meet the individual needs of your child more effectively.

Transportation Permission

I hereby give First Step Preschool and its teachers permission to transport and/or arrange for transportation of my child, _____, via another parent for field trip purposes. I understand that preschool staff will ensure that my child is secured in a safety restraint at all times the vehicle is in motion.

 Parent Signature Date

FIELD TRIPS ARE OPTIONAL AND ARE NOT SCHEDULED ON A DAY OF REGULARLY SCHEDULED PRESCHOOL CLASSES.

Consent to Photograph

I _____ hereby give First Step Preschool permission to photograph my child
 (Print Parent Name)

_____. I understand these photos will be used for special projects at school or
 (Child's Name)

for positive promotion of the preschool in the newspaper.

 Parent Signature Date

FOR OFFICE USE ONLY: Fee _____ Registration Forms _____ Immunization Record _____ Enrollment Date _____ Updates _____ Date Enrollment Ceased _____

First Step Preschool admits students of any race, color, and national or ethnic origin.