



Primavera  
Preschool

## PRIMAVERA ENROLLMENT FORM

Today's Date \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Child is Called: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Gender:      boy      girl

Please indicate your child's days of enrollment:

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

**Before-Care 8:00-9:00**

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

**Preschool Rest: 1:00-3:30**

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

**Preschool After-Care Play & Enrichment: 3:30-5:30**

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

**Elementary After-Care Play & Enrichment: 2:30-5:30**

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

**\*Days you would like Primavera Preschool to provide transportation from Mary Lin Elementary School\***

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday

Please explain to us what your child's typical mode of transportation home from Mary Lin is like (example: bus, parent pick-up, babysitter pick-up, etc).

\_\_\_\_\_  
**Your child's grade is \_\_\_\_\_ and homeroom teacher's name is \_\_\_\_\_**

**\*\*\*In the event of extreme inclement weather during our after-school care transportation procedures, parents will be notified and responsible for transportation to Primavera Preschool. Parents will be notified by the authorized aftercare pick-up person, who will stay with children at Mary Lin Elementary school inside the auditorium until parent or guardian arrives. Primavera will not be transporting children via vehicles and will only provide transportation by foot when weather permits. On light rain days, we will continue with foot transportation and use Primavera's umbrellas.\*\*\***

Parent/ Guardian #1

Parent/ Guardian #2

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

**PICK-UP AUTHORIZATION RELEASE**

For your child's safety, only the parent/guardian(s) or the person(s) you have specified below will be authorized to pick up your child. Changes to the list should be made in writing.

Authorized Person #1

Authorized Person #2

Name: \_\_\_\_\_

\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

Relationship to Parent(s)

Or Guardian \_\_\_\_\_

\_\_\_\_\_

Special Instructions to Contact Parents:

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

**OTHER EMERGENCY CONTACT INFORMATION**

In the case of illness or other emergency, give the name, address and telephone number of the **two** nearest relative(s) or friend(s) who can be contacted if the parents cannot be reached.

Name: \_\_\_\_\_

\_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

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

Telephone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

HYGIENE/DIAPERING AND POTTY SCHEDULE HABITS

Describe your child's toilet and hygiene habits.

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DEVELOPMENTAL NEEDS

Does your child have any special developmental needs (emotional, physical or intellectual, including speech and language development, physical problems, mental health disorders) about which we should be informed?

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My child has the following special needs. The following special accommodation(s), procedures, and/or services may be required to most effectively meet my child's needs while at Primavera Preschool.

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My child is currently on medication(s) prescribed for long term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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ALLERGIES

Does your child have any dietary restrictions, i.e. vegetarian, vegan, or any allergies?

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SPANISH LANGUAGE BACKGROUND

Does your child have any Spanish language background? If yes, please describe and the level at which you would rate their ability to both understand and speak the language.

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**Please read the statement below and initial to the left if you have provided this information.**

\_\_\_\_\_ My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

\_\_\_\_\_ Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of Primavera Preschool, LLC and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

### CHILD'S INTERESTS

Describe the play activities that your child likes, both indoors and outdoors.

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

List any other specific information that is important to your child's care here:

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

### CO-OP OPTION/VOLUNTEERING

Are you interested in learning about how to receive discounted tuition in exchange for co-op hours? Yes \_\_\_ No \_\_\_

Areas of Interest: \_\_\_\_\_

Are you interested in being class parent or volunteering? Yes \_\_\_ No \_\_\_

Areas of Interest: \_\_\_\_\_

Availability: \_\_\_\_\_

### Parental Agreements with Child Care Facility

Primavera Preschool agrees to provide child care for \_\_\_\_\_ (Name of Child) on

\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. from August to May.

(Days of Week)

\_\_\_\_\_ My child will participate in the following meal plan (circle applicable meals and snacks):

Morning Snack (Provided by families for his or her child)

Lunch (Provided by licensed caterer)

Afternoon Snack (Provided by individual families for his or her child)

\_\_\_\_\_ All plates, cups, and utensils will be provided by Primavera Preschool. They will be washed and sanitized after each use.

\_\_\_\_\_ Water bottles will be provided by parents and are required to have tops that can be sealed to help in preventing the spread of germs. Water bottles will be washed after each use while on Primavera's premises as well as replenished with fresh water. At the end of each school day, parents are required to take water bottles home for sanitizing and replenishing of a full bottle of fresh water for the following school day.

\_\_\_\_\_ Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

\_\_\_\_\_ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

\_\_\_\_\_ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

\_\_\_\_\_ The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

\_\_\_\_\_ Primavera Preschool, LLC agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

\_\_\_\_\_ I authorize the child care facility to obtain emergency medical care for my child when I am not available.

\_\_\_\_\_ I have received a copy and agree to abide by the policies and procedures for Primavera Preschool, LLC.

\_\_\_\_\_ I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Primavera Preschool, LLC Director Signature)