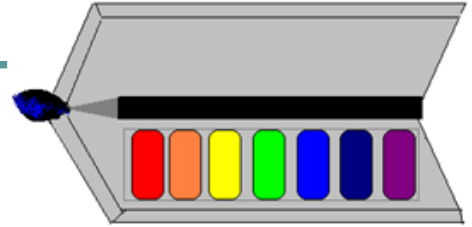


WEST HEIGHTS PRESCHOOL

Information and Developmental History



Please fill out the form completely and legibly.

DATE	CLASS/DAYS OF THE WEEK	TIME	TEACHER

CHILD'S FIRST NAME	CHILD'S LAST NAME

NICKNAME	DATE OF BIRTH (DD/MM/YYYY)	PRESENT AGE	GENDER (M/F)

HOME ADDRESS

MOTHER'S NAME	CELL PHONE NUMBER

EMAIL ADDRESS

EMPLOYMENT	PROFESSION	WORK PHONE

FATHER'S NAME	CELL PHONE NUMBER

EMAIL ADDRESS

EMPLOYMENT	PROFESSION	WORK PHONE

CHILD LIVES WITH:

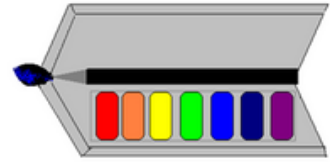
MOM & DAD _____	MOM ONLY _____	DAD ONLY _____	OTHER _____
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IN CASE OF EMERGENCY AND UNABLE TO REACH PARENT, CALL:

EMERGENCY CONTACT NAME	ADDRESS	PHONE NUMBER

EMERGENCY CONTACT NAME	ADDRESS	PHONE NUMBER

WEST HEIGHTS PRESCHOOL



PEDIATRICIAN

ADDRESS

PHONE NUMBER

HOME ENVIRONMENT: BROTHERS AND SISTERS (NAMES AND AGES)

ADULTS IN HOME OTHER THAN PARENTS: (PLEASE GIVE RELATIONSHIP TO CHILD)

ALL ADDITIONAL PERSONS AUTHORIZED TO PICK UP YOUR CHILD:
INCLUDE RELATIONSHIP TO CHILD AND PHONE NUMBER (YOU MAY ATTACH AN EXTRA SHEET, IF NEEDED)

CHILD'S PHYSICAL RECORD:

SERIOUS OR CHRONIC ILLNESS

ALLERGIES

ARE THERE ANY PHYSICAL PROBLEMS WE SHOULD KNOW ABOUT?

WHAT ARE YOUR CHILD'S FEARS AND HOW DOES HE/SHE REACT TO THEM?

ANY KNOWN VISION OR HEARING PROBLEMS?

DO YOU NOTE A LEFT OR RIGHT HAND DOMINANCE?

DOES YOUR CHILD HAVE BLADDER CONTROL?

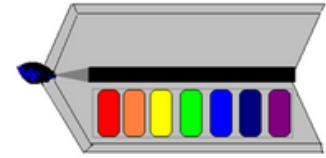
DOES YOUR CHILD HAVE BOWEL CONTROL?

YES _____ NO _____

YES _____ NO _____

TERMINOLOGY USED

WEST HEIGHTS PRESCHOOL



DISCIPLINE:

WHAT DO YOU DO TO BRING ABOUT APPROPRIATE BEHAVIOR?

Blank response area for discipline questions.

LANGUAGE ABILITY:

ANY SPEECH CONCERNS OR IMPEDIMENT?

Blank response area for language ability questions.

SOCIAL:

AGES OF PLAYMATES

ACTIVE OR QUIET PLAY PREFERRED?

Blank response area for ages of playmates.

Blank response area for active or quiet play preferred.

HAS HE/SHE EVER BEEN AWAY FROM PARENTS?

WHAT WAS THE REACTION?

Blank response area for has he/she ever been away from parents.

Blank response area for what was the reaction.

WHAT PLAYTHINGS DOES HE/SHE SEEM TO LIKE MOST?

Blank response area for what playthings does he/she seem to like most.

OPTIONAL INFORMATION:

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT?

Blank response area for optional information.

IS THERE ANY INFORMATION THAT YOU FEEL WE SHOULD HAVE SO THAT WE CAN BE MORE EFFECTIVE AS TEACHERS FOR YOUR CHILD?

Blank response area for optional information.

Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardian. We prefer to have such authorization in writing if at all possible.

I hereby grant permission for my child, _____ ,
to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises with their class under the supervision of a staff member for neighborhood walks within one block.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby understand the school cannot be responsible for any item my child may lose at school.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the follow:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the information form you completed for us.
3. Attempt to contact the child's physician.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - a) Call another physician
 - b) Take the child to the Minor Emergency Center
 - c) Call an Ambulance
5. Any expense incurred under section 4, above, will be borne by the child's family.

I understand that upon returning this enrollment form with the \$50.00 enrollment fee,

I confirm my intention to enroll, _____, my child. I understand this enrollment fee is ***non-refundable***.

There will be a \$15.00 fee assessed for all returned checks.

I understand that I will fulfill the nine-month term unless we move from the area.

(Parent or Guardian's Signature) (Date)

***** Office Use Only *****

Enrollment fee paid: Date _____ Check # _____ Cash _____

September tuition paid: Date _____ Check # _____ Cash _____