



OFFICE USE ONLY

3-yr. old AM - Tuesdays & Thursdays
 4-yr. old AM - Mondays, Wednesdays, & Fridays [PREFERRED]
 4-yr. old PM - Mondays, Wednesdays, & Fridays [PREFERRED]

Receipt Date _____ Check # _____ Amount _____

*All applications require a one-time non-refundable fee of \$90.

APPLICATION FOR REGISTRATION

♥ DATE OF APPLICATION _____ IF ENROLLING IN 4-YR OLD CLASS, PLEASE MARK PREFERRED AM PM

♥ CHILD'S NAME _____ AGE _____
(LAST) (FIRST) (M.I.)

CHILD'S ADDRESS _____ ZIP _____
(STREET) (CITY)

NAME USED (NICKNAME) _____ SEX _____ DATE OF BIRTH _____

PARENT'S E-MAIL _____

PRIMARY LANGUAGE(S) SPOKEN BY CHILD _____

♥ FATHER'S NAME (OR LEGAL GUARDIAN) _____ CELL PHONE # _____

OCCUPATION _____ NAME OF FIRM _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

♥ MOTHER'S NAME (OR LEGAL GUARDIAN) _____ CELL PHONE # _____

OCCUPATION _____ NAME OF FIRM _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

♥ CHILD LIVES WITH (PARENTS, SIBLINGS, GRANDPARENTS, ETC). _____

♥ PRIMARY LANGUAGE(S) SPOKEN BY PARENTS _____

♥ NAME, ADDRESS, & PHONE NUMBER OF PERSON(S) OTHER THAN PARENTS WHO HAVE AUTHORITY TO TAKE CHARGE OF YOUR CHILD AT DISMISSAL TIME, OR BE CONTACTED IN CASE OF AN EMERGENCY

(NAME) (ADDRESS) (PHONE)

♥ FAMILY DOCTOR'S NAME _____ PHONE _____

ADDRESS _____

FAMILY DENTIST'S NAME _____ PHONE _____

ADDRESS _____

FAMILY HEALTH INSURANCE COVERAGE (COMPANY) _____

♥ ANY KNOWN FOOD OR NON-FOOD ALLERGIES? _____

♥ BY SIGNING, I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE TO BE GIVEN TO MY CHILD:

SIGNATURE OF PARENT OR GUARDIAN _____

♥ CHURCH AFFILIATION _____

How did you hear about our school? _____

DEVELOPMENTAL HISTORY RECORD

Child's Name _____ Date of Birth _____

School District in which you reside _____

Other Children in the Family	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____

How does your child react to other children in the family? _____

All adults living in your home with whom your child has contact:

<u>Name</u>	<u>Relationship to Child</u>
_____	_____
_____	_____

With what age does your child prefer to play? (younger, same age, older) _____

Situations that require discipline and methods you use in handling the situation: _____

Favorite toys and activities at home: _____

Does your child like to (please check those that apply)

- read listen to music swim play outdoors

Has your child had experience with (please check those that apply) clay scissors

- blocks easel painting finger painting water play

Does your child show any signs of left-handedness? yes no

Are there any health problems that we need to be aware of: _____

List all medications your child is taking _____

Has your child had any physical handicaps?

EYE SIGHT _____ HEARING _____ HEART _____ OTHER _____

How will this affect participation in our program? _____

Does your child have any difficulties with speech? _____

Habits: THUMB SUCKING _____ NAIL BITING _____ TANTRUMS _____ OTHERS _____

How do you handle this with your child? _____

Is there anything about your child we should know to make this a better learning experience for him/her?

I HAVE ANSWERED THESE QUESTIONS HONESTLY TO THE BEST OF MY ABILITY.

PARENT'S SIGNATURE

DATE

You will be contacted with confirmation of your child's admittance to Tender Hearts.

Tender Hearts is not able to accommodate students who are unable to adapt to group activities and this determination will be at our discretion.

[CONFIRMATION DATE: _____]

Tender Hearts admits students of any race, color and national or ethnic origin and is a non-profit organization.



PERMISSION FOR PHOTO AND VIDEO USE

This form is to be completed in ink by any applicant within/involving Tender Hearts Christian Pre-School.

I hereby authorize and give full consent to Tender Hearts Christian Pre-School to use on their promotional materials, whether electronic and print media, all photographs/videos in which I/my child appear(s) while involved in the activities of Tender Hearts Christian Pre-School.

I hereby APPROVE the foregoing and consent to the use of photographs/videos subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

I hereby DO NOT AUTHORIZE or grant consent for the use of such photographs/videos.

Signature: _____
Parent/Guardian

Date: _____