



North Central Ohio Educational Service Center

Integrated Preschool Program Child Enrollment Information

Child's Name	Date of Birth
Address	Home Phone

Parent/Guardian Name	Cell Phone
Home Address <input type="checkbox"/> Same as Child	Home Phone
Employer Name/Address	Work Phone

Email	
Parent/Guardian Name	Cell Phone
Home Address <input type="checkbox"/> Same as Child	Home Phone
Employer Name/Address	Work Phone
Email	

Please List Two People to be Contacted in the Event of an Emergency *if the parent cannot be contacted*:

Name	Relationship to Child	Name	Relationship to Child
Address		Address	
Home Phone	Cell Phone	Work Phone	Home Phone
			Cell Phone
			Work Phone

Health Professionals Information

Physician	Dentist
Address	Address
Phone Number	Phone Number

Emergency Transportation Authorization

Give <i>Permission</i> to Transport	OR	<i>Do Not Give Permission</i> to Transport
Preschool Name:		Preschool Name:
has permission to secure emergency transportation for my child in the even of an illness or injury which requires emergency treatment. The emergency transportation will determine the facility to which my child will be transported.	Do not sign both	does not have permission to secure emergency transportation for my child in the even of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if you child has a current health or medical condition requiring preschool staff to perform specific care, such as: to monitor the condition, provide treatment, care or to give medication a health plan will need to be completed and a medication form may need to be completed. Please contact your teacher for further information.

Does your child have any food, medication or environmental allergies? (Check all that apply)

No
 Yes - Check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require preschool staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child (check one)

No
 Yes – Additional forms will need to be completed before starting preschool.

Does your child have a special health or medical condition?

No
 Yes - Please explain

Does the special health or medical condition require preschool staff to perform, monitor your child's behavior, or administer medication during preschool hours?

No
 Yes – Additional forms will need to be completed before starting preschool.

Is your child currently using any medication, food supplement or medical food?

No
 Yes - Please explain

If yes, does this medication, food supplement or medical food need to be administered at the preschool?

No
 Yes – Additional forms will need to be completed before starting preschool.

List any history of hospitalizations, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency.

Person(s) to Whom this Child CAN be Released: (Please Print)

Name	Phone	Name	Phone
Name	Phone	Name	Phone

List of Person(s) NOT PERMITTED* to Pick up this Child (Please Print)

Name	Name

*We must have a copy of the court order to prevent a parent from interaction with their child.

Acknowledge of Policies and Procedures

I have reviewed and received a copy of the preschool's handbook.	Parent/Guardian Signature _____	Date _____
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