

Enrollment Form

Child's Name (first) _____ (middle) _____ (last) _____

Date of Birth _____

Address _____ City _____ State _____

Zip: _____

Home Phone _____

Mom Cell Phone _____ /Email _____

Dad Cell Phone _____ /Email _____

Mother (or guardian) _____

Place of Employment _____

Work Address _____

Work Phone _____ Work Email _____

Father (or guardian) _____

Place of Employment _____

Work Address _____

Work Phone _____ Work Email _____

Child's Physician _____

Address _____

Phone _____

Brothers and Sisters of the child

Name _____ age _____

Name _____ age _____

Other members of the household (relatives, caregivers, etc, include the relationship with the child): _____

Significant step or blended family relationships:

Grandparents: _____ Name(s) the child uses for
grandparents: _____

Doctor's name and phone number:

Doctor's address: _____

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Was your child premature at birth? _____

Does your child have any allergies:

List allergies: _____

How is the allergy manifested? _____

General health of the child: _____

Serious illnesses or disabilities: _____

Has the child had other group play experiences? (specify)

Does the child have neighborhood playmates? (specify)

Developmental History

Began toilet training (if applicable): _____

Words the child uses for urination and bowel movements:

Has the child indicated a preference for using right or left hand? (which) _____

Does the child dress self? _____ Undress self? _____

Eating problems? _____ Is the family vegetarian? _____ Other dietary restrictions? _____

Describe the child's sleep norms:

What are the child's favorite play activities?

Outdoor activities? _____ Does the child enjoy books? _____

Are there any fears that you are aware of? _____

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What method of behavior control do you use at home? _____

How does the child respond? _____

Please describe your child's personality:

Emergency Information: The following people have permission to take my child from school in the event that I cannot be reached or cannot come to the school:

Please note, these individuals must bring photo ID to school as well as have proper child safety seating for your child.

| | |
|-------------|--------------------|
| Name _____ | Relationship _____ |
| phone _____ | |
| Name _____ | Relationship _____ |
| phone _____ | |
| Name _____ | Relationship _____ |
| phone _____ | |

Is there any other information you would like for us to know about your child?

Does your child have any special needs?

- Learning Needs: _____
- Physical Needs: _____
- Behavioral Needs: _____

If your child currently or in the past has/had an IFSP or IEP, please attach the most current copy.

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Provide the original Birth Certificate before September 1st (we need to see the original birth certificate, then we will return it to you) In addition, please return the signed Parent Handbook agreement page. This can be found in the back of your Parent Handbook.

Winfree Preschool offers Early care and Extended care for your child's schedule if desired. Lucky Lunch is always open for each child from 12:30-1:30pm every day as a way to extend your child's day and to develop social and emotional skills during the Preschool years.

Please circle/mark times needed for your child:
Regular school times: 910am -12/1230 pm M T W THR F
Early Care 7:30-9:10 am M T W THR F
Extended Care 1230-330pm M T W THR F
Extended Care 1230-600pm M T W THR F
Lucky Lunch 1230-130 (circle days needed) M T W THR F

Please be sure to like our Winfree Memorial Preschool Facebook Page, to stay tuned to each social event and special happenings around our school.

If you have any questions or concerns about anything, at anytime, please do not hesitate to reach out to us via phone or email. 804-794-1388 or Winfreepreschool@comcast.net

We are happy you are here with us. We are confident that you will be pleased with the teaching team and child care services we provide to your family.

Welcome to Winfree Preschool!!!!

Parent signature _____

Date _____