

**Munford First United Methodist Preschool  
Child Application**

**Date of Admission** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full name of child \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name your child prefers to be called \_\_\_\_\_

**Parents**

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Place employed \_\_\_\_\_

Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

Name of Father \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Place employed \_\_\_\_\_

Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

**Emergency Information** (Must be completed with a local contact)

Name of person authorized to act for parent in event of emergency

1. \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Place employed \_\_\_\_\_ Work hours \_\_\_\_\_

Name of person authorized to act for parent in event of emergency

2. \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Place employed \_\_\_\_\_ Work hours \_\_\_\_\_

Name of person authorized to act for parent in event of emergency

3. \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Place employed \_\_\_\_\_ Work hours \_\_\_\_\_

**PHYSICIAN CONTACT INFORMATION**

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Background Information**

Other children in the family	Birth date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experiences with others**

What are some of the ways in which your child plays at home?

Does he/she play with children from other families? \_\_\_\_\_

Does he/she usually get his/her own way? \_\_\_\_\_

If not, how does he/she react? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

### **Eating Habits**

At what time does he/she eat: Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between meal snacks? \_\_\_\_\_ Does he/she feed him/herself? \_\_\_\_\_

What is your child's general attitude toward eating? \_\_\_\_\_

Favorite foods \_\_\_\_\_

Disliked foods \_\_\_\_\_

Foods he/she is allergic to \_\_\_\_\_

### **Sleep Habits**

Has own room \_\_\_\_\_ / Shares room with \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_

Average hours of sleep per night \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_

Average hours of naps \_\_\_\_\_

Attitude toward going to bed \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed? \_\_\_\_\_

Is bed wetting an issue? \_\_\_\_\_ At Naptime? \_\_\_\_\_ At night \_\_\_\_\_

If yes, how is the situation handled? \_\_\_\_\_

### **Toilet Habits**

Time when child is taken to bathroom \_\_\_\_\_ Does he/she take him/herself? \_\_\_\_\_

Does he/she tell you when he/she needs to go and go willingly? \_\_\_\_\_

Can he/she manage his/her clothes at the toilet? \_\_\_\_\_

What word does your child use for urinating? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

### **Speech and Physical Growth**

Does he/she talk well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Indistinctly? \_\_\_\_\_

Does anyone read to your child? \_\_\_\_\_ How often? \_\_\_\_\_

At what age did your child sit alone? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

Is your child (circle one) Left-handed or Right-handed?

Would you describe your child as... (circle one)

Active or Quiet Thin, Average Weight, or Heavy Tall, Average or Short

### **Ongoing Medical Care**

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_

If yes, explain what type of care is administered at home and by whom \_\_\_\_\_

Are requesting that this care be provided at the facility? \_\_\_\_\_

If yes, describe the care required \_\_\_\_\_

\_\_\_\_\_

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(Request a doctor's statement for any specified requests for care at the facility)

**Parent Declarations**

I received a summary of the licensing requirements

I do hereby authorize emergency medical care for my child ( a limited power of attorney may be required for military dependents )

I visited the facility prior to enrolling my child

Pre-enrollment Visit Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I received a copy of the child care facility's policy statement/handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content

I authorize the agency to transport my child as specified in the transportation plan section

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Signature of Parent(s)/Guardian(s)

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Date

Date of Child's Withdrawal \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for Withdrawal

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This form/information shall be maintained for one year after date of disenrollment.  
Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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***FIRST AID PERMISSION & EMERGENCY INFORMATION***

Child's Name: \_\_\_\_\_

I give Munford United Methodist Preschool permission to administer first aid to my child. In case of emergency, the staff will promptly contact the parent(s)/guardian(s). If neither parent/guardian nor emergency contact can be reached, and in case of surgical emergency, I hereby give permission to the physician selected by Munford United Methodist Preschool to hospitalize and secure proper treatment for my child as named above.

I do hereby authorize emergency medical care

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

Signature of Parent(s)

\_\_\_\_\_  
Parent/Guardian signature

**PICK UP LIST**

Please list persons authorized to pick up your child/children:

<u>Name</u>	<u>Relationship</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Please notify the teacher or director if changes occur. Also notify the teacher or director if someone from the list is picking up the child/children for the first time.

**\* Please be prepared to show ID when necessary.**

Only the above listed people are allowed to pick up your child/children unless you inform us otherwise in writing.

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Parent/Guardian signature

Date

# Allergy Form

Child's name \_\_\_\_\_  
DOB \_\_\_\_\_

Please list any of your child's allergies and any medical conditions that your child may have.

Food(s): \_\_\_\_\_  
\_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Any other substance that may cause an allergic reaction:

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

If there are changes to your child's allergy, please inform your child's teacher(s) with a doctor's note providing all information.

If your child has a food allergy (example: Derek is allergic to strawberries) and that type of food is brought in their lunchbox, it will not be given to them without permission from a doctor/physician stating they are no longer allergic.

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Director(s) Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Photo Release Form

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I give permission for photographs of the persons listed below to be published on the website of Munford First United Methodist Church and on the Munford Methodist Preschool's Facebook Page. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

I am over 18, and I give permission for my image to be published.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

I am the parent/legal guardian of the following child(ren) under 18 years of age, and I give permission for their images to be published.

Child's Name \_\_\_\_\_

Adult's Name (print) \_\_\_\_\_

Adult's Signature \_\_\_\_\_



# Child's Health History Checklist

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Parent(s)/  
Guardian(s) Name \_\_\_\_\_

The answer to these questions will help us to know if your child has any medical problems. We need this information in case they should become ill and we would be unable to reach you right away. Please circle the right answer. We will go over the checklist when you have finished to verify.

## Pregnancy and Birth

- Yes/No 1. Were there any problems with pregnancy or your child's birth?  
Yes/No 2. Was his/her birth weight under 5 ½ lbs ?  
Yes/No 3. Did the baby have any problems in the hospital?

## Medical Problems

- Yes/No 4. Has your child ever been in the hospital overnight?  
Yes/No 5. Is your child taking any medicine  
Yes/No 6. Any allergies or reactions to medicine, DTP, or other shots or insects.  
Yes/No 7. Has your child had asthma or wheezing?  
Yes/No 8. Does your child have speech or hearing problems?  
Yes/No 9. Has your child had tonsillitis?  
Yes/No 10. Has your child had more than two ear infections in a year?  
Yes/No 11. Does your child have trouble with his/her eyes or seeing?  
Yes/No 12. Has your child had a bladder or kidney infection?  
Yes/No 13. Does he/she have burning when urinating?  
Yes/No 14. Does he/she have seizures, fits, or shaking spells?  
Yes/No 15. Have you ever been told your child has a heart murmur?  
Yes/No 16. Is your child able to play as hard as other children?  
Yes/No 17. Has your child ever had a bumpy, swollen reaction to the TB skin test?  
Yes/No 18. Has your child ever been with anyone who have TB?  
Yes/No 19. Has your child ever had worms?  
Yes/No 20. Does your child scratch his/her genital area?  
Yes/No 21. Is his/her bottom or genitals red or sore?  
Yes/No 22. Is your child a hemophiliac (free bleeder)?  
Yes/No 23. Is your child on a heart monitor?  
Yes/No 24. Does your child have tubes in his/her ears?

## Older Girls

24. How old was your daughter when she had her first period? \_\_\_\_\_  
Yes/No 25. Does she have any problems with her period?

## General Development

- Yes/No 26. Is your child in special education classes in school?  
Yes/No 27. Does your child get along with other children?

Yes/No 28. Is he/she usually happy?

Yes/No 29. Does your child have any special problems not indicated above \_\_\_\_\_

30. When did your child last see the doctor? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_