

HANOVER CHURCH PRESCHOOL REGISTRATION FORM

Hanover Presbyterian Church
2462 State Route 18, Clinton, PA 15026

Please attach a check or money order for \$35.00 payable to Hanover Church Preschool. This fee is not refundable. Please mail the completed information and registration fee to Hanover Preschool, 2462 State Rt. 18, Clinton, PA 15026.

CLASS APPLYING FOR:

<u>TUESDAY AND THURSDAY</u>

\$65.00 a month

____ 3 year-old-class 9:00 - 11:30 am

<u>MONDAY, WEDNESDAY & FRIDAY</u>
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\$80.00 a month

____ 4 year old class 9:00 - 11:30 am

STUDENT'S INFORMATION

Child's Full name _____ Gender: Male or Female

Name child goes by _____ School District you live in _____

Child's mailing address _____ City _____

State _____ Zip Code _____ Telephone # _____

Date of birth ____/____/____ Age of child by September 1st _____

Name of parents or guardian with whom your child lives with _____

Father's Name _____ Cell # _____ Work #. _____

Address if different than child's _____

Mother's Name _____ Cell # _____ Work #. _____

Address if different than child's _____

Legal guardian Name _____ Cell # _____ Work #. _____

Address if different than child's _____

Child's previous group experiences _____

FAMILY INFORMATION Brothers and/or sisters

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

STUDENT HEALTH HISTORY

Allergies: Does your child have any food allergies? _____
Please indicate what happens: _____

Medical Allergies: _____
Is medication needed for allergies? ____ YES ____ NO
If yes, explain _____

Are there any special food or eating instructions? _____

Physical education activity: ____ Limited, ____ Not limited
If activity is to be limited, please explain: _____

Does your child wear contact lenses? _____ Glasses? _____
Is your child presently under medical treatment? ____ Yes ____ No
If so, give name of physician _____
Reason for treatment _____

Any physical handicap the teacher should know about? _____
List any known serious sensitivity or other condition requiring immediate medical attention

GENERAL

Which hand does your child most often use? _____
Does your child dress him/herself? ____ completely, ____ partially, ____ not at all.
Can your child use the toilet by him\herself? ____ Yes ____ No
Does your child have a bowel or bladder irregularities? ____ Yes ____ No
Explain _____

When classes become filled, your child will be placed on a waiting list.

Signature of parents and/or guardian

Mother _____ Father _____

Legal Guardian _____

Amount paid \$ _____ Check number # _____ or cash given _____ Date _____

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME:	<u>ADDRESS</u>	BIRTHDATE
MOTHER'S NAME	<u>ADDRESS</u>	
HOME TELEPHONE NUMBER		CELL PHONE
E-mail		
BUSINESS NAME		BUSINESS NUMBER
ADDRESS		
FATHER'S NAME	<u>ADDRESS</u>	
HOME TELEPHONE NUMBER		CELL PHONE
BUSINESS NAME		BUSINESS NUMBER
ADDRESS		
NAME OF EMERGENCY CONTACT PERSON		TELEPHONE NUMBER
1.		
2.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
NAME OF CHILD'S PHYSUCIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES		ALLERGIES
MEDICAL OR DIETARY INFORMATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE FOR CHILD OR MEDICAL ASSISTANCE		POLICY NUMBER
PARENTS SICNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS AND TRIPS		TRANSPORTATION BY THE FACILITY

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

CHILD'S NAME _____

PARENT INTERVIEW

How did you learn or hear about Hanover Church Preschool?

_____.

Name of church your family attends? _____

I. PARENTS ORIENTATIONS TOWARDS PRESCHOOL

1. Give us your first reason for enrolling your child in preschool.

2. If there were something you want your child to learn above all else, what would that be?

3. Name two places where you usually take your child to learn or have a nice time.

A. _____ B. _____

4. Do you have any field trip ideas for 4 and 5 -year-olds that we could go to in the future?

II. OPPORTUNITIES FOR PARENT INVOLVEMENT.

1. There are many ways that you could help at preschool. Put a check mark beside the things that interest you.

<input type="checkbox"/> Help is needed with cleaning out holiday boxes.	<input type="checkbox"/> Help with the Campbell Soup labels.
<input type="checkbox"/> Extra hand in the classroom.	<input type="checkbox"/> Help with the Hop-A-Thon. (Muscular Dystrophy)
<input type="checkbox"/> Help repairing broken items.	<input type="checkbox"/> Help with the book fair.
<input type="checkbox"/> Help cleaning toys.	<input type="checkbox"/> Reading a story to your child's class.
<input type="checkbox"/> Volunteer in the classroom as a teacher's aide.	<input type="checkbox"/> Cutting construction paper cutouts.

3. During the months of January through May, we begin a journey through the alphabet with the Monday, Wednesday and Friday classes. We will "stop" at one or two letters each week and discuss their formation and sound. We have had a terrific response from parents and friends in the past and the children have been exposed to a wide array of interesting speakers. Will you share your occupation, hobbies, skills, travels, or cultures?

What is your occupation? _____ what is your hobby? _____

What skills do you have? _____ where have you traveled? _____

Do you know of a friend that would share their occupation, hobbies, skills, travels or cultures?

Name: _____

Name _____

Please send copy of immunizations.

1. Diphtheria vaccine/Tetanus Toxoid – (DPT, DT, DtaP or Td) Four (4) or more properly spaced doses, with one (1) dose on or after the fourth birthday.				
first dose at 2 months	second dose at 4 months	third dose at 6 months	fourth dose at 12 to 18 months	fifth dose at 4 to 6 years
2. Polio Vaccine - Three (3) doses of Oral polio vaccine or if prescribed by a physician, 4 doses of Salk Injectable Polio Vaccine				
first dose at 2 months of age	second dose at 4 months of age	third dose at 6 to 18 months of age	fourth dose at 4 to 6 years	
3. Hepatitis-B Vaccine - Three (3) properly spaced doses.				
first dose Birth to 2 months	second dose 1 month to 4 months of age	third dose 6 to 18 months of age		
4. Measles, Mumps Rubella Vaccine – Two (2) properly spaced doses, with first dose administered at 12 –15 months of age and the second administered at age 4-6 years.				
first dose 12 to 15 months of age	second dose 4 to 6 years of age			
5. Chicken Pox Vaccine – Two (2) doses or show written proof of having chicken pox (month, day, and year)				
First dose	Second dose	Proof of having chicken pox Month _____ Day _____ Year _____		

Name of Physician: _____ Phone: _____

Address: _____