

Reaching Higher Preschool

Enrollment Checklist

Child's Name _____

Parents' Names _____

Date _____

_____ Copy of birth certificate

_____ Immunization records/current physical

_____ Preschool Application

_____ Emergency Card

_____ Parent Handbook Guidelines

_____ Tuition Contract

_____ Preschool Phone Directory

_____ Authorization for Pick-up and Car Pool

_____ Permission Form

_____ Parent Questionnaire

_____ Registration Fee

_____ 1st Month Tuition

Cash _____

Check _____

Online _____

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Parent Questionnaire

Child's name _____

By what name or nickname do you call your child? _____

Has your child attended preschool before? Yes _____ No _____

Does your child have tantrums? Yes _____ No _____

If yes, please explain how they are handled at home _____

Does your child suck his or her thumb? Yes _____ No _____

Does your child have any unusual fears? Yes _____ No _____ If yes,

please explain _____

Does your child use the following at home? (please circle)

crayons scissors pencil markers glue

List the names and age of other children in your family:

Name _____ age _____

Name _____ age _____

Name _____ age _____

Name _____ age _____

What do you see as your child's strengths?

Is there any area of concerns you have for your child? (sharing, following directions, etc.) _____

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Preschool Phone Directory

If you would like your child included in a published class list, which will be distributed to your child's class, please indicate below when returning the Registration Packet.

Yes, I would like my child to be included in the school phone directory.

No, I would not like my child to be included in the school phone directory.

PLEASE PRINT CLEARLY

Child's Full Name _____

Address _____

City _____ Zip _____ Home Phone Number _____

Father's Name _____ Cell Phone _____

Father's Email _____

Mother's Name _____ Cell Phone _____

Mother's Email _____

Parent's Signature _____ Date _____

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Authorization for Pick-up Persons or Car Pool

Name _____

Phone # _____

Address _____

Relation _____

Name _____

Phone # _____

Address _____

Relation _____

Name _____

Phone # _____

Address _____

Relation _____

Name _____

Phone # _____

Address _____

Relation _____

** Please note that any person(s) unknown to teachers will need to show identification and be on this pick-up list.

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Emergency Card

Entire **Emergency card** must be filled out and signed before your child can start school.

Child's name _____ Date of birth _____

Address _____ Home # _____

Father's Employer _____ Work# _____

Work Schedule _____ Cell # _____

Email _____

Mother's Employer _____ Work # _____

Work Schedule _____ Cell # _____

Email _____

Preferred Method of contact in case of school closings or other messages: _____ email _____ text _____ cell
phone _____ home phone

Adult person (other than parents) who may pick up your child if he/she becomes ill while at school and you cannot be reached. This person needs to live close enough to get to the preschool within 10-15 minutes.

Name _____ Phone # _____

Address _____

Relationship to child _____

Name _____ Phone # _____

Address _____

Relationship to child _____

If neither person can be reached, may your child be released to an adult in your carpool? _____ yes
_____ No

Parent Signature and Date

Parent Signature and Date

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Permission Form

I hereby grant Reaching Higher Preschool Staff permission: (please initial)

_____ to take my child on educational field trips

_____ to take a neighborhood walk under the supervision of the teachers

_____ to be photographed while at school for use

_____ in the classroom

_____ parents' meetings/newsletters

_____ school website

_____ local newspaper

Signed _____ date _____