

**Child Enrollment Form**  
**His Kids Parents' Day Out**  
**A preschool ministry of Morrison Hill Christian Church**

**Class Enrolling in:**      **3/4 year-old (Child will be 3 by August 15, 2021)**  
**(please circle one)**      **4/5 year-old (Child will be 4 by August 15, 2021)**

**Contact Information**

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

Prefers to be called \_\_\_\_\_

Child's Birthday \_\_\_\_\_

**Parents/Guardians**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Other Adults Authorized to pick up your child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

### **Background Information**

Names of other children in the home:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

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

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

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

Home Church if attending \_\_\_\_\_

### **Experiences with other children**

Has your child ever been involved in a preschool/PDO before? \_\_\_\_\_

If so, where and for how long?

\_\_\_\_\_

Was it a positive experience? \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

Does your child play with other children often? \_\_\_\_\_

Is there any information you would like us to know concerning your child's social skills? \_\_\_\_\_

\_\_\_\_\_

### **Toilet Habits**

Is your child toilet trained? \_\_\_\_\_

Is there anything we need to know concerning your child's toilet habits?

\_\_\_\_\_

\_\_\_\_\_

\*Please note, to be in the 3/4 and 4/5 year-old classes children must be toilet trained.

### Allergies

Does your child have any food allergies? \_\_\_\_\_

If so, what is the allergy and the reaction? \_\_\_\_\_

\_\_\_\_\_

What is the protocol for dealing with this reaction? \_\_\_\_\_

\_\_\_\_\_

Does your child have any other allergies that we should be aware of? \_\_\_\_\_

If so, please describe the allergy and the reaction \_\_\_\_\_

\_\_\_\_\_

What is the protocol in dealing with this reaction?

\_\_\_\_\_

### Emergency Information

Name of a person, other than the parent, who is authorized to act in an emergency if the parent cannot be reached.

\_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name of child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Parent/Guardian Signed Agreement

*I have read the Parent Handbook and I agree to abide by the standard set forth in the policies of the His Kids Parents' Day Out program. I have been made aware that the His Kids program is not a licensed facility.*

\_\_\_\_\_

(Parent/Guardian)

(Date)