



REACHING OUR COMMUNITY'S KIDS

PRESCHOOL REGISTRATION FORM

Train up a child in the way that he should go, and when he is old he will not depart from it.

Proverbs 22:6

Application Date: _____

CHILD'S PERSONAL INFORMATION

Child's Full Name: _____

Child's Preferred Name: _____ Sex: M ___ F ___

Complete Address: _____

Mailing Address (if different from above): _____

Phone 1 (specify): _____ Phone 2 (specify): _____

E-mail: _____

Date of Birth: _____ Age: _____

Is your child completely potty trained (bladder and bowel)? **Y** or **N**

(potty-training is required for enrollment)

Does your child need help with wiping, buttoning or zipping clothing, removing clothing, or other bathroom needs? If yes, please specify: _____

Program To Be Enrolled (Check One):

Part-Time (approximately 20 hours per week): _____

Full-Time (over 20 hours per week): _____

Headstart (before and after school): _____

McHarg (before and after school): _____

(Office Use Only) Admission Date: _____ Termination Date: _____

PARENT'S INFORMATION

Mother's Full Name: _____

Address: _____

Place of employment? _____ Work Hours: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Full Name: _____

Address: _____

Place of employment? _____ Work Hours: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

HOUSEHOLD INFORMATION

Please list all individuals that live in the home with your child:

Name: _____ Relationship: _____ Age: _____

PICK-UP POLICY

1820 Second Street • Radford, VA 24141
Phone: (540) 267-3000 • Fax: (540) 242-4466 • rockclub@ntelos.net

Please furnish the R.O.C.K. Club the following information. We will not release a child with anyone unless their names appear on this application. If someone not listed must pick up your child, you must send a note or phone us with a description. **We will ask for proper identification and then release your child.**

I agree that the following people may pick up my child/children. The R.O.C.K. Club staff may release my child/children to the following:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Is there anyone whom you do not wish to pick up your child? _____ If so, please give name and relationship to child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

EMERGENCY INFORMATION

In the event of an emergency and you cannot be reached at work, please provide with 2 alternate local contacts. Please notify these contact people that you have put them on the application. This policy is a state law requirement.

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

HEALTH INFORMATION

Please note any chronic physical problems and pertinent developmental information and any special accommodations needed. Please be as detailed as possible.

Medical Conditions: _____

**Allergies: _____

Treatment Prescribed: _____

What action should we take in the event of an allergic reaction? _____

Are your child's immunizations current? ____ If not please explain: _____

Is your child currently taking any medication? If yes, please specify: _____

Are there any foods your child may not eat? If so please list: _____

Does your child have any adverse reactions to medications or other substances? If so please list: _____

List actions to be taken in an emergency situation: _____

Physician's Name, Address, Phone Number: _____

Hospital's Name, Address, Phone Number: _____

Other Important Information: _____

DEVELOPMENTAL INFORMATION

Do you consider your child's speech normal for their age? **Y or N** If not, would you like assistance in seeking professional guidance for their speech? **Y or N**

Has your child ever attended preschool or another child care program? **Y or N**

If so, what is your reason for leaving or changing providers? _____

Has your child ever had experience playing with a large group of children?
_____ Does your child prefer to play alone? _____

How would you describe your child's interactions with other children (Is your child friendly, playful, shy, aggressive, etc)? _____

Does your child have any behavior issues that we should be aware of? If yes, please explain in detail. _____

Is there anything that you feel we should be aware of when caring for your child?

Does your child have any fears (ex: thunderstorms, loud noises, dogs, etc.)? If yes, please specify: _____

Please feel free to contact the R.O.C.K. Club if you have any questions. Thanks.

HELP US OUT!

How did you hear about us? Phone Book – Saw the Van – Referred by Someone: (Who?) _____ - Other (specify): _____

Parent's Signature

Date

*By signing this application, you are stating that everything written in it is true to the best of your knowledge, and that you agree to abide by the policies of the ROCK Club.