

**APPLICATION FOR ADMISSION 2017-18**  
**THE EARLY LEARNING PROGRAM**  
**OF THE WOODLANDS COMMUNITY PRESBYTERIAN CHURCH**

**REGISTRATION INFORMATION:**

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_ Nick Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Zoned School District \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enrollment Date (First Attended ELP) Month \_\_\_\_\_ Year \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Church Membership: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Church Membership: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Hours: \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parents: Married, Separated, or Divorced? \_\_\_\_\_ How Long? \_\_\_\_\_  
If separated or divorced, who has custody? \_\_\_\_\_

Siblings living at home (please mark an "x" to indicate siblings attending The Early Learning Program)

\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**MEDICAL INFORMATION/EMERGENCY MEDICAL AUTHORIZATION**

In the event that I cannot be reached to make arrangements for emergency medical authorization, I authorize the facility director or staff person in charge to take my child to:

Child's Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Physician's Address \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Company Policy No. \_\_\_\_\_ Parents Business Name: \_\_\_\_\_

Known Allergies: Foods: \_\_\_\_\_ If none, check: None known\_\_\_\_

All Food Allergies required a FARE form (Food Allergy & Anaphylaxis Emergency Care Plan) to be filled out and signed by a physician. If EPI Pen is prescribed, one must be provided to be kept at ELP.

Medicines: \_\_\_\_\_ None Known\_\_\_\_ Skin: \_\_\_\_\_ None Known:\_\_\_\_

Food Sensitivities: \_\_\_\_\_ Reaction: \_\_\_\_\_ Plan of Action: \_\_\_\_\_

Recent Illnesses: \_\_\_\_\_

Does child take any medication on regular basis? Yes \_\_\_\_ No \_\_\_\_ If yes, What? \_\_\_\_\_

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
Parent Signature

**PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY:**

When arriving at school, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by a parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents could not be reached. (Please do not list the name of a close friend who is likely to be with you when you are away from home. Also be certain that the people you list are willing to pick up your child in case of illness or emergency.)

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

## AUTHORIZATIONS

**FIELD TRIPS** Initial \_\_\_\_\_ No \_\_\_\_\_

Children only take walking field trips to neighboring shopping centers, Children's Museum, The Forum or Regent Care. Notification of field trips will be indicated in printed form at least 24 hours prior to trip.

**PHOTOGRAPHY** Initial \_\_\_\_\_ No \_\_\_\_\_

Photographs or videos of child in school activities for classroom viewing, classroom web site, parent education events, ELP web sites/advertisement, or local publicity. ELP classes will each have a private Shutterfly Share account to share weekly classroom photos with the classroom families. Or Shutterfly Share Account Only Initial \_\_\_\_\_

**SCHOOL DIRECTORY** Initial \_\_\_\_\_ No \_\_\_\_\_

Address and phone information listed in the school directory to be distributed to ELP families.

**WATER ACTIVITIES** Initial \_\_\_\_\_ No \_\_\_\_\_

Splashing Pools and/or wading pools. Last week of school are splash days.

**MOSQUITO REPELLENT** Initial \_\_\_\_\_ No \_\_\_\_\_

## INTRODUCTORY INFORMATION

This information is for the CONFIDENTIAL use of the teachers and staff who will be working with your child.

Other preschools attended: \_\_\_\_\_

Other adults living in the home? \_\_\_\_\_

Who cares for child when parents are away? \_\_\_\_\_

Does child have any Pets? \_\_\_\_\_ Names and Kinds: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Favorite things to do (Activities) \_\_\_\_\_

Listen to stories? \_\_\_\_\_

Enjoy books? \_\_\_\_\_

What are some favorite things your child does with the whole family? \_\_\_\_\_

How does your child speak? Complete Sentences? \_\_\_\_\_ Indistinctly? \_\_\_\_\_ Baby talk? \_\_\_\_\_

Does your child share a bedroom? \_\_\_\_\_

What is his/her average nights sleep? \_\_\_\_\_ pm to \_\_\_\_\_ am. Naps: \_\_\_\_\_

Does child feed himself/herself? \_\_\_\_\_ Does child eat willingly? \_\_\_\_\_

What are mealtimes like? \_\_\_\_\_

Has child attended nursery schools or play groups? \_\_\_\_\_

Who does your child play with in the neighborhood? \_\_\_\_\_

Do you consider this to be a good relationship? \_\_\_\_\_

What prompts your child to lose his/her temper? \_\_\_\_\_

What things does he/she fear? \_\_\_\_\_

Do any problems cause you concern, such as thumb sucking, jealousy, demanding attention, crying, whining, etc.?

Describe briefly your reaction to it \_\_\_\_\_

What seems to be the most common issue between parent and child? \_\_\_\_\_

What methods of discipline to you use? Such as: Ignoring \_\_\_\_\_ Redirection \_\_\_\_\_ Spanking \_\_\_\_\_

Sending to Room \_\_\_\_\_ Time Out \_\_\_\_\_ Other \_\_\_\_\_

Does your child dress himself/herself? \_\_\_\_\_

What words does he/she use for bathroom functions? \_\_\_\_\_

Tell us about your child. Is he/she happy, angry, afraid? Described as outgoing, shy, curious? Does he/she like to read books? Like to play outdoors? Are there any significant situations about which you think we should know in order to better work with him/her? Death, divorce, adoption, separation fears, travel experiences, moves, etc.

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## DEVELOPMENTAL HISTORY

Age at which child: crawled \_\_\_\_\_ sat alone \_\_\_\_\_ walked \_\_\_\_\_  
Named simple objects \_\_\_\_\_ Repeated short sentences \_\_\_\_\_  
Began toilet training \_\_\_\_\_ Completed toilet training \_\_\_\_\_

## HEALTH HISTORY

Does your child have frequent colds? \_\_\_\_\_ Explain \_\_\_\_\_  
Does he/she run high fever easily? \_\_\_\_\_  
Has he/she had a serious accidents? \_\_\_\_\_

Previous serious illness? \_\_\_\_\_  
Any hospitalizations during the past 12 months? \_\_\_\_\_  
Difficulties at birth? \_\_\_\_\_  
Has he/she seen a dentist? \_\_\_\_\_ Any dental appliances? \_\_\_\_\_  
Has he/she had vision testing? \_\_\_\_\_ Any vision appliances? \_\_\_\_\_  
Does your child have a history of ear problems? (Infections, tubes, etc.) \_\_\_\_\_

If you suspect any speech, vision or language problems, please explain: \_\_\_\_\_

Is your child receiving on going care from a specialist? \_\_\_\_\_ If yes, please provide details. \_\_\_\_\_

Please tell us about your child's special needs and any concerns you feel we need to know.

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Do you or your spouse have an interesting career, business, craft, etc. that you would be interested in sharing with the class or Parent Volunteer Organization? \_\_\_\_\_

### Please initial here to indicate you received an ELP Parent Handbook:

I have received a Parents Handbook for The Early Learning Program. \_\_\_\_\_

**Initial**

**Liability Release:** I hereby release The Early Learning Program of The Woodlands, Community Presbyterian Church, all officers, directors and staff from any liability in the event of an accident or injury occurring on the premises.

\_\_\_\_\_  
**Initial**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**THE EARLY LEARNING PROGRAM  
OF THE WOODLANDS COMMUNITY PRESBYTERIAN CHURCH  
Due May 12, 2017 (or ASAP after registering)**

**MEDICAL RECORD**

Child's Name: \_\_\_\_\_ has been examined by a licensed physician and is able to participate in a weekday school.

Date of last examination \_\_\_\_\_ Age as of 9/1/17 \_\_\_\_\_ years \_\_\_\_\_ months

**This child has been examined by me within the past 12 months and is found to be in good health and able to attend child care. This child is physically and mentally able to participate in all aspects of the child care program. Yes \_\_\_\_\_ No \_\_\_\_\_**

If No, Restrictions on normal physical activities: \_\_\_\_\_

**Children will not be able to begin school without immunizations on file, this is Texas state law.**

Please attach a copy of immunizations or fill in dates of the following inoculations. (If physician feels child should not be inoculated, please attach an explanatory statement. The Early Learning Program must receive written notification from physician for inoculations received after form is completed and returned to school.) If you chose not to immunize, you must obtain an affidavit from the Texas Health Department: <https://corequest.dshs.texas.gov/>

	1st	2nd	3rd	4th	5th (after 4 yrs)
DPT					
POLIO (IPV)					
PCV					
HIB					
HEP B					
MMR					
HEP A				VARICELLA	

**Immunizations may be on a separate paper or form, however, a physician's signature is required below.**

Has the child had the following diseases:

German Measles Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Mumps Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
Chicken Pox Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Measles Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Does the child have an existing illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any medications that are prescribed for long-term or continuous use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Is the child subject to seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

**VISION AND HEARING - Required for all children turning four by September 1. (PreK & Transition )**

Screenings will be offered at ELP in November for a fee.

VISION	Right: 20/_____	Left: 20/_____	Pass _____ Fail _____
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HEARING	1000 Hz	2000 Hz	4000 Hz	Pass/Fail
Left				Pass _____ Fail _____
Right				Pass _____ Fail _____

**PHYSICIAN'S SIGNATURE - REQUIRED**

Physician's Signature	Date	Phone
Physician's Name	Physicians Address	Parent's Signature

