



## Registration Form 2024-2025 School Year

**Child's Name:** \_\_\_\_\_  
(Please Print) Last First

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_ I have another child currently enrolled here \_\_\_\_  
Month Day Year

Is your child potty trained? Yes\_\_\_\_ No\_\_\_\_ My child is in Diapers\_\_\_\_ Pull Ups\_\_\_\_

**Family Information:** (If address information is the same, fill out one column & write "same" in the other column)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Last First

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Language used at home: \_\_\_\_\_  
primary secondary

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

We offer the current class schedule options. You may **mix** part time days with full time days to customize your child's schedule, however we **cannot** adjust class schedule days.

TWO schedule choices required (in case your first choice is unavailable). **Please # your choices.**

\_\_\_\_ **FULL DAY: 6:30 - 5:30** (Includes morning class session; snacks & lunch)

\_\_\_\_ **2 Days** Tuesday/Thursday      \_\_\_\_ **3 Days** Monday/Wednesday/Friday

\_\_\_\_ **4 Days** Monday-Thursday      \_\_\_\_ **5 Days** Monday-Friday

\_\_\_\_ **PART DAY: Class**

\_\_\_\_ **2 Days** Tuesday/Thursday    \_\_\_\_ **3 Days** Monday/Wed/Friday    \_\_\_\_ **4 Days** Monday-Thursday    \_\_\_\_ **5 Days**

\_\_\_\_ **Kindergarten**    \_\_\_\_ Full Day

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(parent or guardian)

**Pay the nonrefundable registration fee at time of registration to reserve your child's space.**

**Office Use:** Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Interviewed \_\_\_\_\_ Date packet due: \_\_\_\_\_

Reg. Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Debit/Credit Card \_\_\_\_\_

Start Date: \_\_\_\_\_ Teacher \_\_\_\_\_ Schedule \_\_\_\_\_ Young Preschooler Preschooler TK K

# EastLake Church Children's Center ~ Enrollment Interview Sheet

(This information will help us better serve your child)

Child's Name: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) Month Day Yr

## Does your child have any:

- 1) Preschool or daycare experience? No \_\_\_\_ Yes \_\_\_\_ Where?: \_\_\_\_\_  
(If yes, please provide most recent evaluation from former school or daycare.)

If you answer Yes to any of the following, you may be contacted by our office staff for further information.

- 2) Difficulty with speech/hearing; physical, emotional or social development?  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_

- 3) Food allergies?  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_  
*If yes, you will need to fill out required allergy information paperwork*

- 4) Other allergies?  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_  
*List any signs or symptoms of a reaction: \_\_\_\_\_*

- 5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_  
*If yes, you will need to fill out required medical condition information paperwork*

- 6) Does your child take any prescription medication?  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_  
Does your child need to take this medication at school? Yes \_\_\_\_ No \_\_\_\_  
*If yes, you will need to fill out required medication authorization forms*

- 7) Past surgeries?  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_  
*List any limitations since surgery: \_\_\_\_\_*

- 8) Do both parents live in the household?  
No \_\_\_\_ Yes \_\_\_\_ If no – we will need to be aware of any custody arrangements.  
(Legal documentation is required for any pick up restrictions)

- 9) Does your child have specific behaviors we should be aware of?  
(For example: separation anxiety; selective eater; fear of public restroom; tends to wander; etc.)  
No \_\_\_\_ Yes \_\_\_\_ (please list) \_\_\_\_\_

- 10) How did you hear about our school?  
\_\_ Neighbor/friend/relative \_\_ Previous child attended here \_\_ Facebook \_\_ Street Sign  
\_\_ Internet search \_\_ Advertisement \_\_ Other: \_\_\_\_\_

Do you currently attend EastLake Church? \_\_\_\_ Yes \_\_\_\_ No

Did you see or hear about the Children's Center through church? \_\_\_\_ Yes \_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Best Contact Phone #: (\_\_\_\_) \_\_\_\_\_