



Registration Form 2021-2022 School Year

Child Information

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_____

T-Shirt Size: ___ XS ___ S ___ M ___ L (Shirt included in registration fee)

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

1) Mark a schedule:

___ **Full Day: 6:30 - 5:30** (Includes morning class session; snacks & lunch food)

Select Days: ___ M ___ T ___ W ___ TH ___ F

___ **Part Day: Class**

___ **3 Days** Monday/Wednesday/Friday

___ **4 Days** Mon-Thurs ___ OR Tues-Fri ___ ___ Mon-Thurs* Kinder-Prep & Transitional Kinder

___ **5 Days** Dual Language Option

___ **5 Days Dual Language Option (Kinder Prep & Transitional Kinder)**

___ **Kindergarten-Dual Language** ___ Full Day

For part day please mark a first and second schedule choice – we may offer you an alternative schedule based on space availability.
*Enrollment into the 4 day Dual Language schedule option will be based on space availability.

3) 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 Pre. Preschooler K Prep 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 __ Otay Mall signage __ 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 #: (_____) _____