



## Registration Form 2023-2024 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 #: (\_\_\_\_) \_\_\_\_\_