

Ivy Tech Preschool
Application for Admission

1. **Child Information:**

Name: _____ Address: _____

Birthdate: _____

2. **Family Information:**

Mother

Father

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Employment: _____

Employment: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

If applicable, legal custody has been awarded to: _____

3. **Emergency Information:**

Please list two other people who we may contact if you can not be reached.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

4. **Authorized pick-up list:**

Please list the people below who may remove the child from preschool:

5. **Emergency Authorization:**

This form authorizes the Ivy Tech Preschool to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental facility, as each emergency facility sets their own treatment procedures.

I give Ivy Tech Preschool my permission to transport _____ (child) to _____ (hospital) for emergency medical care or to _____ (dentist) for emergency dental care.

(Parent/guardian's signature)

(Date)

6. Immunization Record:

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
Polio					*****
HiB					*****
MMR			*****	*****	*****
Hep B					
Varicella		*****	*****	*****	*****
Other (please list)					

7. Other Medical Information:

Allergies-please list any allergies related to food, medication, animals, etc.

Medication or dietary supplements: please list any medications or supplements the child is given on a daily basis.

Chronic physical problems:

History of hospitalizations:

Diseases the child has had-chicken pox, croup, etc.

8. Physician Information:

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

(Parent/guardian's signature)

(Date)

These questions will help us to get to know your child better. Please fill in each answer to the best of your knowledge. Please use the back of the sheet if you need more room.

Developmental History

Age began sitting: crawling: walking: talking:
Any difficulties in verbalization: Y N

Any special words used to describe needs?

Interests and Activities

Does child prefer to play alone _____, with playmates_____, with adults_____?

Does your child have imaginary playmates? Y (please list) N

Does your child have any pets?

What are your child's favorite indoor activities?

Outdoor activities?

What are your child's favorite games, TV shows, books?

Guidance and behavior

Is your child easily managed_____, fairly easy to manage_____, or difficult to manage_____?

What concerns do you have about current behaviors?

What are you doing about these concerns?

Please list any additional information that you feel would help us to get to know your child better. Thank you for your help!

Parent/guardian's signature

Date

Ivy Tech Preschool
Statements of Understanding

Please circle YES or NO. If you do not understand any of the statements below, please speak with the director.

1. I give permission for my child to participate in Ivy Tech Preschool sponsored field trips and excursions. I understand this applies to walks around the school campus, to the high school library, and to the Tiernan Center. Other trips, such as car trips, I will be notified by the teacher and will fill out another permission form.

YES

NO

2. I give permission for my child to be photographed or videotaped during the time he or she is involved in the Preschool. The permission granted is based on the assumption that there will be no commercial use of the photographs without further written consent.

YES

NO

3. I give permission for my child to participate in research for educational purposes only which has been approved by the Director of the Preschool. I understand that individual results will be confidential. I will discuss the research with the Director if I desire more information.

YES

NO

4. I have read and understand the policies outlined in the Parent Handbook. This includes the philosophy of the preschool, understanding of the role of the student teacher, hours and fees policy, admission requirements, attendance rules, illness policy, and discipline policy.

YES

NO

I have read and understand each statement on this page. If I need further assistance, I will speak with the Director.

Parent/guardian's signature

Date

