



Beth Meyer Preschool

504 Newton Road ★ (919) 870-6477 ★ preschool@bethmeyer.org

Child's Application for Enrollment

Date of Application: _____

Enrollment Date: _____

Child's Information:

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Nickname: _____

Child's Physical Address: _____

Birthdate: _____

Family Information:

Child Lives With: _____

Parent 1 Name: _____

Address (if different from child's):

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent 2 Name: _____

Address (if different from child's):

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Contacts:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number



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Child's Name: _____

Health Care Needs:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has.

List any types of medication taken for health care needs.

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

Emergency Medical Care Information:

Name of health care professional: _____ Phone: _____

Hospital preference: _____ Phone: _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____