C-TEC PRESCHOOL APPLICATION FOR ENROLLMENT

For Office Use Only:

Date Received:_____

School year for which you are applying					
Child's full name		Sex			
Name you want us to use with child		_ Birthdate			
Child's address	City	Zip Code			
Home telephone number	Child lives with:	Mother	Father	Both	
School district in which you reside					
E-Mail Address					
Father's Name:	Occupation: Employer:				
Address:	Address:				
Phone:	Phone:				
Mother's Name:	Occupation: Employer:				
Address:	Address:				
Phone:	Phone:				
Names and birthdates of brothers and sisters					
Has your child had any previous preschool experience. If so, where?					
Does your child have any health problems or allergies' Please list					
Please list any unusual experiences or interests your ch	nild may have				

	ekness or accident, name of physician preferred: Dr
Name, addre	ss, and phone number of close friend, relative or neighbor
Session prefe	erred:
	Three-year-olds: Child must be three on or before September 30 th of the year enrolled.
	Tuesday, Thursday mornings, 9:00-11:10
	Tuesday, Thursday afternoons, 12:00-2:10
	Four-year-olds: Child must be four on or before September 30 th of the year enrolled. Also includes 5 year olds who are not in school.
	Monday, Wednesday, Friday mornings, 9:00-11:10
	Monday, Wednesday, Friday afternoons, 12:00-2:10
	*Session preference will be honored as often as possible; however, we cannot guarantee enrollment or session preference. Parents will be contacted in late spring prior to the year of enrollment.
	Signed
	Date
Return To:	C-TEC Preschool

Return To: C-TEC Preschool 150 Price Road Newark, OH 43055

C-TEC PRESCHOOL ACADEMY

150 Price Road

Newark, Ohio 43055

740-364-2832 Fax. #364-2691

Extensions: 2422, 2424, 4424

Child Medical Statemorpractitioner)	ent (This statement	: MUST be	signed by a	medical
Child's name			Date of B	irth
Height	HeightWeight			
Limitations or health con	ditions (including aller	gies, medica	itions, dietary	restrictions)
Immunizations *	Please circle			
Complete for age	YES	NO		
In Process	YES	NO		
Exempt from				
Immunizations				
Religious conviction	YES	NO		
Health Concern	YES	NO		
Other:				
*IMPORTANT – ATTACH A	COPY OF YOUR CHILE	 O'S IMMUNI	 ZATION RECOI	RDS
This child has been exami				
Signature of examining: Phy Nurse (Circle One)	sician/Physician's Assista	ant or Advanc	ed Practice	Date of exam
X				
Address:				
Phone:				

Only fill out this form if necessary...... C-TEC Preschool Academy

Request for Administration of Prescription and Non-Prescription Medication, Food Supplement, Fluoride Supplement or Modified Diet.

Note: Please complete a separate form for each medication.

Section I: Parent Request for Administration of Medication or Supplement

I hereby request and give permission to the authorized staff member to administer the following medication to my child: Name of child Age of child Name of Medication or Supplement to be administered___ Dosage_____ Time(s) of Dosage_____ Signature of Parent or Guardian X ______ Date _____ **Section II: Physician's or Dentist's Instructions:** Name of Child ______Age of child_____ Is under my care and should receive (Name of medication or supplement) Dosage Special Instructions for administration: Possible side effects Signature of Physician/Physician Assistant/Clinical Nurse Specialist/Certified Nurse or Dentist Please PRINT Physician's/Dentist's name_____ Date Phone

Only fill out this form if necessary					
Section III:					
Medication of Supplement Log for					
Date and Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member			

Child Enrollment Information/Emergency Authorization

Child's Name Street Address Parent/Guardian Name (Mother)		Date of	Date of Birth City and Zip Code		
		City an			
		Parent/	/Guardian Name (Father)		
Address (if d	ifferent than you	r child's address)			
Phone numbers:	Home Cell (mobile)				
	Work				
Please check which your child is in the	-	hould be used first, sec	cond, or third to reach you while		
Cell □1 □2	. □3	Home □1 □2 □3	Work □1 □2 □3		
Please list two peo contacted:	ple to be contact	ed in the event of an er	mergency if the parent cannot be		
Name		Name			
Street Address		Street A	Address		
City, Ohio, ZIP		City, Oh	City, Ohio ZIP		
Relationship to Child		Relatio	Relationship to Child		
Phone numbers		 Phone	Phone numbers		

C-TEC Academy Child Enrollment Information/Emergency Authorization (continued)

Name of child's: ** Required informa Physician	tion – Please complete all lines <u>Dentist</u>		
Name	Name		
Street Address	Street Address		
City, State, ZIP	City, State, ZIP		
Phone number	Phone number		
Either Part I or Part II below must be	completed. Do not complete both.		
Permission to Transport			
(Part I)			
I give	my permission to transport my child		
(Name of Preschool)			
to	for emergency		
(Name of child)	(Hospital/Clinic)		
medical care or to	for emergency dental care, or		
(Dentist,	•		
to the nearest available source of assis	stance.		
Parent's signature X	Date		
Refusal to Grant Permission			
(Part II)			
I do not give permission to	to transport my child		
(1	Name of preschool)		
	for emergency medical or dental care. In the event of an		
(Name of child)			
Illness or injury which requires emerge	ency medical or dental treatment, I wish C-TEC to take the		
following action:			
Parent's signature X	Date		

C-TEC Preschool Academy Child Release Form

- In order to assure the safety of your child, we will not release children from the C-TEC Preschool Academy to people not authorized by you.
- On this form, please list all the people who might be picking up your child from the C-TEC Preschool Academy. Names can be added or deleted anytime throughout the year.
- Inform anyone on your list to be prepared to show C-TEC Preschool Academy staff member a form of ID (Driver's License etc.)
- Only people who are on this list will be allowed to leave with your child. If an emergency
 occurs, and someone who is not on the list is coming for your child, please call us, or
 send a note to the school with the child.
- Also, if necessary list any particular person(s) who is NOT PERMITTED to pick up this child. (Attach a Restraint or Divorce decree if needed).

Child's Name	
Parent's Signature X	 .
List of Person(s) to whom this child can be relea s	sed: (Please print) RELATIONSHIP TO CHILD
List of Person(s) NOT PERMITTED to pick up this	child: (Please print)
Restraint or Divorce decree attached:	'es □ No

C-TEC Preschool Academy

PERMISSION FORMS

PLEASE READ AND SIGN

- 1. The children go on frequent field trips and walks during the year. If we will be leaving the school grounds, a separate permission form will be sent home. However, if we remain on school grounds, we will view this form as permission for your child to participate.
- 2. The newspaper or other groups may take pictures featuring the work that is being done in the preschool.
- 3. Visitors from other schools may be present to observe the children and to see the operation of the preschool.
- 4. Parents are asked to have a conference with one of the student teachers at least once a year.

I understand the above and give to participate in special activitions.	•	for my o	child		
		Ž	X		
			(Signat	ture)	
			(Date)		
PERMISSION FOR ANNUAL	L CLASS ROST	ER FOR I	PARENTS		
Each year we prepare a roster	for each grou	up of chil	dren in our pr	ogram. T	his roster will not be
furnished to any persons other	r than parent	s of child	ren enrolled i	n our pro	ogram.
I authorize the following to be in each row.	listed on the	class ros	ter for parent	s. Please	check "Yes" or "No"
My child's name	□Yes	□No			
Parent/Guardian name	□Yes	_			
Phone Number					
Work	□Yes	□No			
Cell	□Yes	□No			
Home	□Yes	□No			
E-mail Address			□Yes	□No	
(Please provide one for C-TEC					
Date	_				
Signature of parent or guardia	n X				

C-TEC Preschool Academy

(Permission forms, continued)

ASSESSMENT/OBSERVATION PERMISSION FORM

complete assessments and observations of my crealize and fully agree that assessments include some observations may involve video-taping if reschool Academy will keep any and all informations.	child I working one-on-one with my child and that necessary. I know that the staff of C-TEC
completely confidential, and that I will be provide	,
X	
Parent/Guardian Signature	Date
C-TEC Emergen	cy Alert
In the event of an emergency or an important as will receive an automatic phone call to alert you that you want our alert system to call.	• •
that you want our alert system to call.	
Name	Phone number