

**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: Address: Phone:	Occupation: Employer: Address: Phone:
Mother's Name: Address: Phone:	Occupation: Employer: Address: 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 child may have \_\_\_\_\_

\_\_\_\_\_

In case of sickness or accident, name of physician preferred: Dr. \_\_\_\_\_  
Address \_\_\_\_\_

Name, address, and phone number of close friend, relative or neighbor \_\_\_\_\_

Session preferred:

Three-year-olds: Child must be three on or before September 30<sup>th</sup> 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<sup>th</sup> 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  
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 Statement (This statement MUST be signed by a medical practitioner)**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Limitations or health conditions (including allergies, medications, dietary restrictions)**


Immunizations *	Please circle one	
Complete for age	YES	NO
In Process	YES	NO
<b>Exempt from Immunizations</b>		
Religious conviction	YES	NO
Health Concern	YES	NO
Other:		

**\*IMPORTANT – ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS**

**This child has been examined and is in suitable condition to participate in group care.**

Signature of examining: Physician/Physician's Assistant or Advanced Practice Nurse (Circle One)  X _____  Address:  Phone:	Date of exam
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**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**

X \_\_\_\_\_

Please PRINT Physician's/Dentist's name \_\_\_\_\_

Date

Phone

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## Child Enrollment Information/Emergency Authorization

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Parent/Guardian Name (Mother)

\_\_\_\_\_  
Parent/Guardian Name (Father)

\_\_\_\_\_  
Address (if different than your child's address)

Phone numbers:

Home

Cell (mobile)

Work

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check which phone number should be used first, second, or third to reach you while your child is in the C-TEC program.

Cell 1 2 3

Home 1 2 3

Work 1 2 3

\_\_\_\_\_  
Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Ohio, ZIP

\_\_\_\_\_  
City, Ohio ZIP

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone numbers

\_\_\_\_\_  
Phone numbers

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

**Name of child's: \*\* Required information – Please complete all lines**

Physician

Dentist

\_\_\_\_\_  
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/Clinic)

to the nearest available source of assistance.

Parent's signature X \_\_\_\_\_ Date \_\_\_\_\_

**Refusal to Grant Permission**

(Part II)

I do not give permission to \_\_\_\_\_ to transport my child

(Name of preschool)

\_\_\_\_\_ for emergency medical or dental care. In the event of an

(Name of child)

Illness or injury which requires emergency 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 **released**: (Please print)

NAME

RELATIONSHIP TO CHILD


List of Person(s) **NOT PERMITTED** to pick up this child: (Please print)


Restraint or Divorce decree attached:       Yes    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 permission for my child \_\_\_\_\_  
to participate in special activities.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### PERMISSION FOR ANNUAL CLASS ROSTER FOR PARENTS

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the class roster for parents. Please check "Yes" or "No" in each row.

My child's name Yes No

Parent/Guardian name Yes No

Phone Number

Work Yes No

Cell Yes No

Home Yes No

E-mail Address \_\_\_\_\_ Yes No

(Please provide one for C-TEC use)

Date \_\_\_\_\_

Signature of parent or guardian X \_\_\_\_\_

**C-TEC Preschool Academy**  
(Permission forms, continued)

**ASSESSMENT/OBSERVATION PERMISSION FORM**

I give my permission to the staff and student teachers of the C-TEC Preschool Academy to complete assessments and observations of my child \_\_\_\_\_. I realize and fully agree that assessments include working one-on-one with my child and that some observations may involve video-taping if necessary. I know that the staff of C-TEC Preschool Academy will keep any and all information pertaining to the progress of my child completely confidential, and that I will be provided with the results via conference.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**C-TEC Emergency Alert**

In the event of an emergency or an important announcement from C-TEC administration, you will receive an automatic phone call to alert you of any news. Please write the phone number that you want our alert system to call.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number