The Preschool at Woodlawn

Student Registration Form

2220 Walton Way
Augusta, Ga. 30904
(706) 738-2546
www.woodlawnaugusta.com

Student Information **Date: __/__/____**

Students Last name	Students First Name	M.I.	Sex	Birth Date	Age
S.S.N.	Enrollment Date	Start Date		Classroom Assignment	
Allergies, Prescribed Medications, Medical Conditions, etc.					

Primary Guardian / Parent Information

Primary Guardian Last Name	Primary Guardian First Name	M.I.	Marital Status	Sex	S.S.N.
Relation to Student		☐ Allowed to Pickup		☐ Emergency Contact	
Primary Home Tel Number	Secondary Home Tel Number		Primary Work (Daytime) Tel Number		
Mobile/Cellular Tel Num	Email Address		Other Number		
Home Address	Employer Name & Address & Phone Number				

Other Legal Guardian / Parent Information

Last Name	First Name	M.I.	Marital Status	Sex	S.S.N.
Relation to Student		☐ Allowed to Pickup		☐ Emergency Contact	
Primary Home Tel Number	Secondary Home Tel Number		Primary Work (Daytime) Tel Number		
Mobile/Cellular Tel Num	Email Address		Other Number		
Home Address	Employer Name & Address & Phone Number				

Other Adults who I authorize for Pickup and/or Emergency Contact

Last Name	First Name	M.I.	Sex	Relation to Student

Home Address	Authorizations
	☐ Allowed to Pickup ☐ Emergency Contact

Primary Home Tel Number	Secondary Home Tel Number	Primary Work (Daytime) Tel Number
Mobile/Cellular Tel Number	**Email address**	**Other Reach Number**

Last Name	First Name	M.I.	Sex	Relation to Student

Home Address	Authorizations
	☐ Allowed to Pickup ☐ Emergency Contact

Primary Home Tel Number	Secondary Home Tel Number	Primary Work (Daytime) Tel Number
Mobile/Cellular Tel Number	**Email address**	**Other Reach Number**

Last Name	First Name	M.I.	Sex	Relation to Student

Home Address	Authorizations
	☐ Allowed to Pickup ☐ Emergency Contact

Primary Home Tel Number	Secondary Home Tel Number	Primary Work (Daytime) Tel Number
Mobile/Cellular Tel Number	**Email address**	**Other Reach Number**

Field Trips and Special Activities

_____ (initial) I do _____ do NOT_____ give my permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from school.

Activities planned outside the fenced area of the facility

I Do	Give my permission for my child to participate in activities planned outside the schools fenced area.
I Do NOT	

Swimming / Water related Activities

I Do	Give my permission for my child to participate in swimming/water related activities
I Do NOT	

Media Authorization

I Do	Give my permission for me, my spouse, and/or my child to be photographed or videotaped by '*The Preschool at Woodlawn*'. I understand that the photographs and/or videos may be used for public displays including, but not limited to in school displays, websites, social media sites, advertising, newsletters, and promotional materials.
I Do NOT	

Discipline Policy

I Do	I have received a copy of "*The Preschool at Woodlawn*'s" discipline policy. The policy has been discussed with me and all of my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.
I Do NOT	

Child Abuse / Neglect

Initial above	As a child care provider, *The Preschool at Woodlawn* is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. *The Preschool at Woodlawn* will cooperate fully with the authorities in the investigation in all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring at home.

Confidentiality Statement

Initial above	Information pertaining to your child is considered confidential and will not be released by *The Preschool at Woodlawn* to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

Change of Status

Initial above	I agree to notify *The Preschool at Woodlawn* immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physicians name, living arrangements, health information, emergency contacts, etc.

How did you hear about us?

Select one	Yellow pages Radio Newspaper Drive by Agency: _____ Parent referral (name):_____ Other:_____

Has your child previously been enrolled in any preschool?

Yes If yes -->	Location 1_____ Dates of enrollment_____ Location 2_____ Dates of enrollment_____
☐ No	Location 3_____ Dates of enrollment_____

What are would your child's normal days of attendance be?

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

List normal times of arrival / departure	Check meals normally eaten at facility
Arrival Time : _____ AM / PM **Departure Time : _____ AM / PM**	☐ **Breakfast** ☐ **Snack** ☐ **Lunch** ☐ **Supper**
Note: This weekly schedule is only intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.	

Medical Information

My child's Pediatrician/physician is: _____ Phone #_____

Address:_____

My child's dentist is: _____ Phone #_____

Address:_____

My child has health insurance coverage (check one) Yes ☐ No ☐ Insurance Company: _____

Hospital preference:_____

My child is subject to:

☐ An allergy to a medicine, food*, or plant, animal, or insect toxin

* (if your child cannot be served the CACFP meal pattern, a statement from the child's health care provider must be completed.)

☐ A condition or fear that may require special care, procedures, services, medication or diet.

☐ A physical, mental or developmental disability that would prevent my child from participating in the school's regular programs or activities.

Please explain special need, condition, fear or allergy:_____

_____

_____

☐ No known conditions or fears.

_____(initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home for at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify within 24 hours if any member of my immediate household is diagnosed with a communicable disease.

Medical Authorization

_____(initial) I agree that *The Preschool at Woodlawn* staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. *The Preschool at Woodlawn* agrees to provide transportation to appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release *The Preschool at Woodlawn* and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they perform on my behalf of my child.

We urge you to print a copy of this form for your records. When you click submit your form will be emailed to the preschool director for review. They will contact you once your application has been reviewed and any verification(s) have been made. Thank you for your interest in our school.

Save form

Print form