

## Application for Admission

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

Address (street, town, zip) \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_  
\_\_\_\_\_

Mother's / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_  
\_\_\_\_\_

---

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

**\* Emergency Contacts other than parent / guardian \***

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Authorized person to pick child up**

1) Name \_\_\_\_\_ License Plate # \_\_\_\_\_

Color / Make of vehicle \_\_\_\_\_

2) Name \_\_\_\_\_ License Plate # \_\_\_\_\_

Color / Make of vehicle \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information

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

Child's age & birthday \_\_\_\_\_

Child's sibling's name & age:

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

Parent's Martial Status \_\_\_\_\_

Is your child now or previously enrolled in any other school or play groups?

\_\_\_\_\_

### Developmental History of Child

Age at which child: \_\_\_\_\_ Crept \_\_\_\_\_ Sat Alone \_\_\_\_\_ Walked

Name simple objects \_\_\_\_\_ Repeated short sentences \_\_\_\_\_

Began to toilet train \_\_\_\_\_ Word for urination \_\_\_\_\_

Word for bowel movement \_\_\_\_\_

Does your child dress him or herself? \_\_\_\_\_ Undress? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ What time does your child get up? \_\_\_\_\_

What are your child's favorite indoor activities? \_\_\_\_\_

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

Does your child have any special fears that you are aware of? \_\_\_\_\_

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

Does your child have any speech problems? \_\_\_\_\_

Does your child have any other problems we should be aware of? \_\_\_\_\_

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

What method of behavior control is used in your home? \_\_\_\_\_

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

What is your child's usual reaction to this discipline? \_\_\_\_\_

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

How would you describe your child's personality? \_\_\_\_\_

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

## Health History of Child

What past illness has your child had and at what age?

Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis \_\_\_\_\_

Other \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_

Explain \_\_\_\_\_

Tonsillitis \_\_\_\_\_ Ear Aches \_\_\_\_\_ Stomach Aches \_\_\_\_\_

Does your child vomit easily? \_\_\_\_\_

Does your child run high fevers? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_

Explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If so how does it manifest itself? \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_

Other \_\_\_\_\_

Do you know what it is caused by? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been to a dentist? \_\_\_\_\_

Has your child ever had a vision test? \_\_\_\_\_

Has your child ever had a hearing test? \_\_\_\_\_

Does your child wear corrective shoes? \_\_\_\_\_

Is there any other learning or social disabilities we should be aware of? \_\_\_\_\_

\_\_\_\_\_

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

## Consent / Release Form

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Other: \_\_\_\_\_

---

I hereby grant authority to the Frankfort Park District and the teacher supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic / physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent / Guardian

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

## Consent / Release Form

### Photographs

I / we authorize photographs to be taken of my child to be used for publicity purposes.

Date: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Relationship of Child \_\_\_\_\_

### Emergency First Aid

The only measures taken at the school are as follows:

Bump or Bruise \_\_\_\_\_ Splinter \_\_\_\_\_ Cut or Scratch \_\_\_\_\_ Nose Bleed \_\_\_\_\_

If further care is needed, we will notify a parent / guardian.

Date: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Relationship of Child \_\_\_\_\_

### Field Trips

I / we authorize the teachers of the Frankfort Park District to take my / our child(ren) on walking trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Date: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Relationship of Child \_\_\_\_\_

## *Stepping Stones Supply List*

1 Large package of napkins

1 box of Kleenex

1 box of 5 oz paper cups

4 rolls of paper towels

1 box of gallon size zip-loc bags

1 pink pencil eraser

2 glue sticks

1 box of crayola fat skinny markers

1 box of crayola washable primary & bold colors fat markers

1 4oz bottle of school glue

A book bag marked with your child's name (Please use upper & lower case letters. Example: Mary)

It is not necessary to mark your child's name on all the school supplies

**Child's Name:** \_\_\_\_\_

**I acknowledge receiving the Frankfort Park District Pre-School Handbook and agree to follow the policies.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**I give my consent to have my child's name, address and telephone number published in a directory for use of other parents for social reasons only. Parent's first names will be listed.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_