



**For Office Use**

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

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

Fall Year: \_\_\_\_\_

Fall Reg. Fee: \_\_\_\_\_

Summer Reg. Fee: \_\_\_\_\_

Payment Type:

Check

# \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

## Westside Community Preschool Child Enrollment & Information Form

### Child Information

Child's Last Name      Child's First Name      Child's Middle Name      Child's Nickname (if used)

Child's Birth date      Gender      Home Language      Child's Race/Ethnicity

Child Lives With? Is there a court-ordered custody arrangement for this child?  Yes  No (If yes, please provide a copy.)

How did you hear about our preschool(s): Please circle or indicate other.

Friend    Word of Mouth    Sign    Special Event    Referral Agency    Website    Brochure    Other \_\_\_\_\_.

### Class Enrolled in:

M-F Part Day Schedule (9am-12:30pm)  
Cost - \$350/month

M-F Full Day Schedule (8am-5pm)  
Cost - \$700/month or \$175/week

Summer Preschool Program

\*Your child must be 3 years old and potty trained by their start date.

### Family Information

Parent or Guardian 1      Relationship to Child      Email Address (one per family or address)

Home Address      City      State      Zip Code

Home Phone      Work Phone      Cell Phone

Occupation/Employer

Employer Address      City      State      Zip Code



## Family Information, cont'd

Parent or Guardian 2	Relationship to Child	Email Address (if different from Parent 1)	
Home Address (if different)	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation/Employer			
Employer Address	City	State	Zip Code

## Contact Information

**Local contact person (e.g. friend, neighbor or relative) if parent/guardian is unavailable that can be contacted in case of emergency. Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.**

(1)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone	Address	City	State	Zip Code

(2)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone	Address	City	State	Zip Code



### Contact Information cont'd.

(3) \_\_\_\_\_  
Name Relation to Child OK to pick up?  Yes  No  
Emergency Contact?  Yes  No

Phone Address City State Zip Code

(4) \_\_\_\_\_  
Name Relation to Child OK to pick up?  Yes  No  
Emergency Contact?  Yes  No

Phone Address City State Zip Code

### Medical Information

Child's Physician Practice Name Phone

Physician's Address City State Zip Code

Child's Dentist Practice Name Phone

Dentist's Address City State Zip Code

Hospital Phone

Hospital Address City State Zip Code

Initial here, I agree to have my child examined by a physician annually and medical information returned to Diakonia for their files.

Initial here, I agree to provide a copy of my child's current immunization records or sign an exemption form.



### Specific Health Concerns

Allergies?  Yes  No if yes, please specify. \_\_\_\_\_

Restrictions?  Yes  No if yes, please specify. \_\_\_\_\_

Operations or Serious Illnesses:  Yes  No if yes, please specify. \_\_\_\_\_

**Any medication or lifesaving equipment (e.g. EpiPen’s, inhalers etc.) require additional written medical plans provided by our school and signed by guardian, doctor, and the Diakonia staff nurse.**

List any behavior or exceptional need considerations for your child:

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

Health Insurance?  Yes  No

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Initial here, I as the parent/guardian authorize the Diakonia preschool staff, to have access to my child’s health information as provided to Diakonia (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and the Diakonia nurse consultant, and may be accessed other times through the school year by Colorado’s State Licensing Representative on an individual or as needed basis.

Initial here, it is our policy to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency center.

Initial here, I authorize the Diakonia Preschool staff to call a physician, or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance, feel such services are required. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of me.



## Permission Forms

I give Diakonia permission to list my name and phone number in our preschool directory and on the class list on Shutterfly©.  Yes  No

I give Diakonia permission to send (individual and group) e-mails and or **text** messages concerning late starts, weather closures, reminders, newsletter, special events, and other updates.  
 Yes  No

I give Diakonia permission to follow up on the progress of my child's school readiness and progress after leaving preschool and entering elementary school. This follow-up may occur as many as two times per year via phone or email in a survey style form. This information may be shared with Diakonia staff, private contributors and grantors. No names will be included in the collection of this data.  
 Yes  No

I give Diakonia permission to apply sunscreen to my child. Diakonia will provide the sunscreen. If your child has any skin allergies to sunscreen please let the director and your child's teacher know and provide your individual child with their own sunscreen.  Yes  No

I give Diakonia permission to take photos of my child to be used for classroom purposes. These photos may be displayed in the classroom area, on information boards, on the classroom Shutterfly© page, on the preschool FaceBook© page, classroom projects, and in marketing materials used to secure grants (no name association except in class and on private Shutterfly© page).  Yes  No

I give permission for my child to participate in Walking Field Trips in the local area near my child's Diakonia Preschool, accompanied by the classroom teachers. Yes  No

I give permission to Diakonia to contact me via Facebook© for advertising and marketing of events and services.  Yes  No

I agree to comply with the program rules which are established and periodically amended by board members of Diakonia. Yes  No

I agree to inform Diakonia of any information changes.  Yes  No

I understand that while constant supervision of my child is provided by the Diakonia staff, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities. I accept this risk and on behalf of me and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release Diakonia from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the Diakonia program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.  
 Yes  No

**Sign here as the parent/guardian to acknowledge compliance with the above policies, permissions, medical emergencies, and waivers for:**



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Parent/Guardian's Signature

Today's Date