

Please return completed application to:

Superintendent's Office
315 W. Grand
Hinton, IA 51024

Hinton Preschool

Application Form

Today's date _____

Registering for the 20 ____ - 20 ____ school year.

STUDENT'S INFORMATION

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Child's Primary Home Address _____

Home Phone Number: (____) ____ - ____ Contact Number: (____) ____ - ____

Gender: Male Female Age of child: _____

Special Needs/Concerns: _____

Health Insurance (Name of Company): _____

SCHEDULE

Preschool & Daycare A.M. Preschool Only

Estimated Drop Off Time: _____ Estimated Pick-Up Time: _____

PARENT OR GUARDIAN INFORMATION

1. Last Name: _____ First Name: _____

Relationship to child: _____

Address: _____

Employer: _____ Phone #: (____) ____ - ____ Cell#: (____) ____ - ____

E-Mail Address: _____

2. Last Name: _____ First Name: _____

Relationship to child: _____

Address: _____

Employer: _____ Phone #: (____) ____ - ____ Cell#: (____) ____ - ____

E-Mail Address: _____

SIBLINGS

Name

Gender

Age

OTHER HOUSEHOLD MEMBERS

Name

Relationship to Child

Gender

Age

OTHER HOUSEHOLD INFORMATION

Parent's Marital Status: Married Separated Divorced Single Deceased

Is there a divorce or custody situation that we should be aware of? _____

If yes, please explain: _____

What is your child's favorite indoor activity: _____

What is your child's favorite outdoor activity: _____

Please list any other household situations that our staff should be aware of while working with this child: _____

PLAY, SOCIALIZATION, AND EMOTIONAL DEVELOPMENT:

How does your child get along with other children?

- Excellent Good Fair Poor Unsure

What other group experience has your child had (check all that apply, leave blank if none)?

- None Pre-School/Head Start Sunday School Other

How does your child show affection? _____

Does your child usually accept new people easily? Yes No Unsure

What nervous habits does your child exhibit (if any)? _____

When does your child usually show these nervous habits? _____

Does your child have any fears? Yes No

If so, what are they? _____

Physical Development/Health History:

Does your child have any food dislikes or eating problems? Yes No

If so, please explain: _____

What is your child's usual waking time? ___:___ AM Child's usual bedtime? ___:___ PM

Does your child currently nap at home? Yes No

Approximate Time(s) and length of nap(s): _____

Does your child have any physical handicaps / impairments? Yes No

If so, please explain: _____

Does your child have ongoing health conditions or problems? Yes No

If so, please explain: _____

Does your child take any prescription medication(s)? Yes No

If so, please list name of medication(s) and reason for taking: _____

Does your child have allergies? Yes No

If so, list allergens and typical reaction to these: _____

Is your child receiving any professionally prescribed treatment? Yes No

If so, please explain: _____

Illnesses your child has had:

Chicken Pox Measles Scarlet Fever Mumps Other

What technique(s) are used to discipline your child? _____

What is your child's usual reaction to discipline? _____

Please give any further information which you feel would help us better understand your child:

Are you willing to volunteer or help in any way? Yes No

*** field trips, cutting materials, etc. ***

Please provide any additional information you feel will help us meet your child's needs while in our care.

Emergency Contact Information

List any persons to be contacted in the event of an emergency and none of the parents are able to be reached.

NOTE: Please only use local contacts for pick-ups.

Last Name: _____ First Name: _____ Phone #:(____) ____ - _____

Last Name: _____ First Name: _____ Phone #:(____) ____ - _____

Last Name: _____ First Name: _____ Phone #:(____) ____ - _____

Physician: _____ Address: _____

Phone #:(____) ____ - _____

Dentist: _____ Address: _____

Phone #:(____) ____ - _____

Tuition and Fees

Registration fee: \$30.00

\$130 Weekly Rate Full Time
(3 and 4 Yr Olds)

\$25 Weekly Rate Part Time 8:30-11:30
(4 Yr Olds Only)

Summer Program (check to indicate summer attendance) - rates to be determined

If not attending summer, \$50 holding fee

AGREEMENT

By signing below, I acknowledge the following:

1. I have read the Hinton Preschool Handbook and I understand and agree with the policies, procedures and regulations set forth in the handbook. Specifically, but not limited to, the discipline Policy, Payment Policy and Fee Schedule. In addition, in the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the Administrator or Director consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.
2. All employees of Hinton Preschool are mandated reporters and are legally obligated to notify Department of Health and Human Services in the event a situation arises that may be questionable.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I also agree to provide Hinton Preschool with updated information as needed while my child is in care.

Signature of Parent/Guardian

Date

Permission Forms

I give Hinton Community Preschool permission to take my child on walks outside and to areas located in Hinton. In addition, my approval is hereby given for my child to go on the planned field trips during the school year that may include bus transportation.

Child's Name

Signature of Parent/Guardian

Date

XX

Photo Permission Form

I give Hinton Community Preschool permission to take my child's picture. The picture will be used for artwork, daycare advertisement or promotion events, fundraiser, etc.

Child's Name

Signature of Parent/Guardian

Date

Hinton Community Preschool Medication Consent Form

Prescription _____ Non-Prescription _____

Child's Name: _____

Date of Birth: _____

I, give permission to Hinton Community Preschool to administer _____
Dose/amount

of _____ to my child _____ at approximately
name of medication child's first and last name

_____ on _____ for _____
time(s) dates reason/diagnosis for medication

 Signature of Parent/Guardian

 Date

For staff to complete:

___ Is the permission form (above) completed?

___ Is the medication in its original container with the original prescription label on the container?

___ Is the name of child given above on the container?

Each time medicine is administered fill out form below:

Date Given	Amount Given	Time Given	Signature of Teacher dispensing medication	Date