

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

Information Update Only: \_\_\_\_\_



# Passon's Academy Preschool

8415 S. Passons Blvd. Pico Rivera, CA 90660

www.Passonsacademy.org

(562) 397-1366

## Enrollment Application 2022-2023

Child: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_

Full name of Mother: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

Full name of Father: \_\_\_\_\_ Email \_\_\_\_\_

Father's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

### Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

Note: attach a copy of immunization record.

If not up to date, please explain: \_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Check (√) any of the following illnesses the child has had:

- |                                     |                                      |                                       |   |  |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Earaches    | <input type="checkbox"/> Mumps        | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis      |
| <input type="checkbox"/> Eczema     | <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Polio        | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Frequent Colds  |
| <input type="checkbox"/> Croup      | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles      | <input type="checkbox"/> Influenza      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ |   |  |

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

Has your child ever been tested for the above? Yes ( ) No ( )

Please comment on any other medical information/or special need the child care provider should be aware of:

## Medication and Emergency Care Authorization

I authorize **Passon's Academy Preschool** to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

NOTE: Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize **Passon's Academy Preschool** to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: \_\_\_\_\_

## Transportation Authorization

I authorize my child to be transported by **Passon's Academy Preschool** to and from excursions, including but not limited to, school, bus stop, store, playground, and field trips.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: \_\_\_\_\_

## Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, wading pool, and swimming pool. Many precautions are being taken at our facility to help keep children safe when participating in water play.

I authorize my child to participate in ALL water activities offered.

Except: \_\_\_\_\_

I do NOT authorize my child to participate in ANY water/swimming activities.

# Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to Passons Academy Preschool to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

**In Addition:**

I give permission for photos/videos to be posted on our Facebook or School Website (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

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(Date)

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(Signature of parent/guardian)

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(Date)

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(Signature of parent/guardian)

