

Office Use: Class \_\_\_\_\_ Reg. Paid: Date \_\_\_\_\_ Church Member: Y / N Sibling: Y / N

**BERRY'S CHAPEL PRESCHOOL  
2018-2019 APPLICATION**

**PLEASE COMPLETE ALL BLANKS - IF NOT APPLICABLE, WRITE "N/A"**

Child's Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Sex: M / F

Home Address \_\_\_\_\_  
(Street) (City, ST) (Zip Code)

Primary Family Email \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

Child lives with (circle one): Both Parents Mother Father Guardian

Mother's Name: \_\_\_\_\_  
Address if different than student: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address if different than student: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Daily Work Hours: \_\_\_\_\_

Daily Work Hours: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Are there any custody issues of which we should be aware? \_\_\_\_\_

If parents are divorced, the custodial parent is \_\_\_\_\_. (Please provide copy of the custody order.)

**Transportation Plan**

To insure the safety of your child, please list **ALL** other adults to whom your child may be released or who are authorized to provide transportation for your child.

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

**Emergency Information (Name of person, other than staff, authorized to act for a parent in an emergency)**

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

**Physician Contact Information and Ongoing Medical Care**

Doctor's Name \_\_\_\_\_ Doctor's Office Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

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Please list any food or drug allergies: \_\_\_\_\_

Are any of these allergies **life threatening**? Y / N If yes, please specify \_\_\_\_\_

Any medically diagnosed illnesses or health problems? If yes, explain \_\_\_\_\_

Is your child on any special diet? If yes, explain \_\_\_\_\_

Is applicant taking any medication on a regular basis? If yes, explain. \_\_\_\_\_

Has your child ever been professionally evaluated for speech, behavior, or any type of developmental delay? Y / N If yes, please indicate diagnosis. \_\_\_\_\_

**Health History** (circle applicable answers)

**Sleeping Patterns:**

Rocked/Reads before nap                      Sleeps with special toy/doll/blanket                      Talks/cries themselves to sleep  
Soft music playing                      Needs pacifier                      Other \_\_\_\_\_

**Personality Traits/ Child's Typical Behavior:**

Friendly/Outgoing    Aggressive                      Shy                      Quiet  
Extremely active    Rubs eyes when tired    Withdraws                      Plays well alone  
Favorite toy                      Frightened by                      Other \_\_\_\_\_

**Peer Interactions (With whom do they spend most of their time):**

Preschool                      Relatives                      Friends/Neighbors                      Church

**Child's Playmates:**

Older                      Younger                      Same Age                      Mixture

**Recent Stresses:**

Moved                      Divorce/Remarriage                      Parent Traveling                      New Baby                      Death of relative/pet                      Other \_\_\_\_\_

**Typical Coping Responses to Stress/Anger/Frustration:**

Tantrums                      Withdraws                      Change in appetite  
Destructive behavior (throws, kicks, bites)                      Seeks attention and support                      Other \_\_\_\_\_

**Compared to other children this age, does your child have problems with:**

Speech                      Hearing                      Vision                      Walking/Running                      General movements

Can your child handle basic bathroom needs (required for 3 year old class and up)? \_\_\_\_\_

**List of Child's Siblings**

Name	Age	Name	Age
1. _____		3. _____	
2. _____		4. _____	

**Previous Preschool Experience**

Did your child attend Berry’s Chapel Preschool last year? YES NO If so, what class? \_\_\_\_\_

Has your child attended another preschool/ child care facility? YES NO If so, please list facility name(s) \_\_\_\_\_

Is there any other information that you wish to share that would assist us in meeting your child’s needs? \_\_\_\_\_

**Parent Declarations**

- I have received a summary of licensing requirements.
- In case of emergency, I grant consent to Berry’s Chapel Preschool staff to authorize emergency care for my child/children.
- I have visited the preschool prior to enrolling my child.
- I have access to the preschool’s parent policy statement or handbook (available online at www.berryschapel.org) and verify my understanding and agreement of the content. A hard copy is available upon request.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**Media Release (please check one)**

\_\_\_ YES, I give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

\_\_\_ NO, I do not give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

**Registration Offerings**

Berry’s Chapel Preschool is licensed by the state as a child care agency for our 3 day/week and 4 day/week classes. Berry’s Chapel Preschool is not required to be licensed by the state as a child care agency for our 2 day/week classes.

I would like to register my child for:

**Two Year Olds/ Young 3 Year Olds** (Child must be 2 years old by November 30, 2018)

2 Days (Tuesday/Thursday) \$225/month \_\_\_\_\_

**Three Year Olds**(Child must turn 3 by Nov. 30, 2018 **AND** be able to handle basic bathroom needs.)

2 Days (Tuesday/Thursday) \$225/month \_\_\_\_\_

3 Days (Tuesday/Wednesday/Thursday) \$300/month \_\_\_\_\_

**Four Year Olds** (Child should turn 4 by December 30, 2018)

3 Days (Tuesday/Wednesday/Thursday) \$300/month \_\_\_\_\_

**Pre-K1** (Child typically turns 5 after January 1, 2019)

3 Days (Tuesday/Wednesday/Thursday) \$300/month \_\_\_\_\_

4 Days (Monday – Thursday)\* \$400/month \_\_\_\_\_

**Pre-K2** (Child is 5 years old at the beginning of the enrolling school year or turns 5 by December 30, 2018)

3 Days (Tuesday/Wednesday/Thursday) \$300/month \_\_\_\_\_

4 Days (Monday – Thursday)\* \$400/month \_\_\_\_\_

**\* If adequate interest in Pre-K1 or PreK2 4 day class option is not met, children will be enrolled in the appropriate alternative 3 day class option.**

Families with more than one child enrolled at Berry’s Chapel Preschool are offered a 10% discount on the second and third child’s tuition. A 10% discount in tuition is offered to active members of Berry’s Chapel Church of Christ.

A nonrefundable application/enrichment fee of \$140 is required with this application. Please make check payable to Berry’s Chapel Preschool and note the student(s) name in the memo area of the check.

Check No. \_\_\_\_\_

Amount \$140

Date Paid \_\_\_\_\_

In addition to this form, **your child’s updated immunization record, available from his/her pediatrician, is required by Sept. 1.**

This form may be faxed to the school at 615.791.5643.