

# ST. WILFRED PRESCHOOL ENROLLMENT

20\_\_ - 20\_\_

ENROLLMENT DATE: \_\_\_\_\_

In Emergency: best phone number/s to reach parent/guardian:

\_\_\_\_\_  
1st phone #

\_\_\_\_\_  
2nd phone #

\_\_\_\_\_  
3rd phone #

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary hours of care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of week in school: M T W Th F

Meals: AM Snack PM Snack (rotating calendar in each class)  
\*\*Lunch provided by parent using the "My Plate" for healthy choices.

Child lives with: \_\_\_\_\_ Custody: Mother: \_\_\_ Father: \_\_\_ Both: \_\_\_ Other: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #, extension \_\_\_\_\_  
Occupation: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cellular: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #, extension \_\_\_\_\_  
Occupation: \_\_\_\_\_

Names & Ages of Siblings: \_\_\_\_\_

**Describe any special conditions** (examples: **food allergies\***, asthma, behavior patterns, etc.)  
your child has and what care is needed:

## **\*Permission to post in the classroom**

Persons NOT AUTHORIZED to pick up your child (if a parent, we must have copy of Court Order) \_\_\_\_\_

**Child will be released only to parent or legal guardian and the persons listed below. The following will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency if the parent/guardian cannot be reached.**

Name	Address	Work#	Home/ Cell #
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## **EMERGENCY TREATMENT**

I give St. Wilfred permission to provide emergency care for my child at Sarasota Memorial Hospital or Doctor's Hospital.

Physician: Name/Telephone \_\_\_\_\_

Dentist: Name/Telephone \_\_\_\_\_

## **POLICIES OVERVIEW**

### ➤ **KNOW YOUR CHILD CARE CENTER BROCHURE**

### ➤ **PARENT HANDBOOK INCLUDING DISCIPLINE POLICY**

I have received copies of the Influenza brochure, Distracted Driver handout and Parent Handbook

### ➤ **ARRIVAL/DEPARTURE**

All children must be brought into the classroom, signed in and signed out at pick-up time. All authorized persons for

pick-up must be **over 18 years of age**.

### ➤ **LATE PICK-UP**

There is a late pick-up charge of **\$5.00 per minute after 5:30 p.m.** The staff person will have a form for you to sign and the amount will be billed to you.

### ➤ **PHOTOS/VIDEOS:** I give permission for my child to be photographed & use of photos by St. Wilfred for marketing or other display.

### ➤ **ENROLLMENT INFORMATION:** Phone numbers, address, and authorized pick up list **must** be kept current throughout the year.

### ➤ **FORMS:** All children must have current Immunization & Physical forms, Enrollment Form (VPK students: Certificate of Eligibility) turned in before starting school.

• ***Tuition is billed weekly and is due the Friday before the upcoming week.***

• ***If tuition is not paid by Monday, P.M., your child may not be admitted into the center on Tuesday. \*\*\* \$30.00 fee charged for returned check.***

• ***If necessary, a collection agency will be used to collect unpaid tuition /enroll or other uncollected fees. Agency fees will be added to outstanding amount due.***

Supply Fee \$ \_\_\_\_\_ (Non-refundable)

Tuition Fee per week \$ \_\_\_\_\_

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate and you will abide by the policies here and in the Parent Handbook.

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

Parent/guardian

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

Tiffany Brown, Director

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Office Use: Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Enrollment Fee Paid: \_\_\_\_\_ date: \_\_\_\_\_

## St. Wilfred Preschool Admission Information

Today's Date\_\_\_\_\_

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

Last

First

### Personal History

Type of birth: ☐ Normal: ☐ Premature

Complications? \_\_\_\_\_

Does the child speak in: ☐ Words? ☐ Sentences? What language/s spoken in the home\_\_\_\_\_

**Health** If you answer yes, please explain.

Any serious illness or hospitalization? ☐ No ☐ Yes please explain\_\_\_\_\_

Any physical challenges? ☐ yes, please explain\_\_\_\_\_

☐ No

Any known allergies? ☐ Asthma ☐ Hay fever ☐ Food

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

Are there medications given regularly? ☐ No ☐ Yes\_\_\_\_\_

Favorite foods\_\_\_\_\_

### Toilet Habits

Can the child be relied upon to indicate his/her bathroom wishes? ☐ Yes ☐ No

Does your child have frequent toilet accidents? ☐ Yes ☐ No

Word used for bowel movement. \_\_\_\_\_ Urination \_\_\_\_\_

### Sleeping Habits

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does your child nap: ☐ in the afternoon ☐ does not nap?

### Social Relationships

Does the child live with both parents? ☐ Yes ☐ No If the parents are separated, how often your child sees the parent not residing with child. \_\_\_\_\_

Does the child have brothers and /or sisters ☐ Yes ☐ No

Names/ages\_\_\_\_\_

What does your child call their grandparents?

Major family changes, past, present, future?

General Temperament of your child\_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

Religious/ Holiday Preferences what do you celebrate? \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

What do you find is the best way of disciplining your child?

Is your child frightened by any of the following: ☐ Animals? ☐ Darkness

☐ Storms? ☐ Loud noises? Other: \_\_\_\_\_

Child's favorite activities\_\_\_\_\_

Has your child had previous experience in-group care? ☐ yes ☐ no If yes, please describe