



Registration Form 2024-2025 School Year

Child's Name: _____
(Please Print) Last First

Birth date: ____/____/____ Gender: M____ F____ I have another child currently enrolled here ____
Month Day Year

Is your child potty trained? Yes____ No____ My child is in Diapers____ Pull Ups____

Family Information: (If address information is the same, fill out one column & write "same" in the other column)

Name: _____ Name: _____
Last First Last First

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City: _____ City: _____

Zip Code: _____ Zip Code: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Email: _____

Language used at home: _____
primary secondary

Child's Doctor: _____ Phone: _____

We offer the current class schedule options. You may **mix** part time days with full time days to customize your child's schedule, however we **cannot** adjust class schedule days.

TWO schedule choices required (in case your first choice is unavailable). **Please # your choices.**

____ **FULL DAY: 7:00 - 5:30** (Includes morning class session & snacks)

____ **2 Days** Tuesday/Thursday

____ **3 Days** Monday/Wednesday/Friday

____ **4 Days** Monday-Thursday

____ **5 Days** Monday-Friday

____ **CLASS: 8:30 – 12:00/12:30**

____ **2 Days** Tuesday/Thursday

____ **3 Days** Monday/Wed/Friday

____ **4 Days** Monday-Thursday

____ **5 Days**

Signature: _____ **Date:** _____
(parent or guardian)

Pay the nonrefundable registration fee at time of registration to reserve your child's space.

Office Use: Date Received: _____ By: _____ Interviewed _____ Date packet due: _____
Reg. Paid: Cash _____ Check # _____ Debit/Credit Card _____
Start Date: _____ Teacher _____ Schedule _____ Young Preschooler Preschooler

Rolando Church Preschool ~ Enrollment Interview Sheet

(This information will help us better serve your child)

Child's Name: _____, _____ DOB: ____/____/____
(Last) (First) Month Day Yr

Does your child have any:

- 1) Preschool or daycare experience? No ____ Yes ____ Where?: _____
(If yes, please provide most recent evaluation from former school or daycare.)

If you answer Yes to any of the following, you may be contacted by our office staff for further information.

- 2) Difficulty with speech/hearing; physical, emotional or social development?
No ____ Yes ____ (please list) _____

- 3) Food allergies?
No ____ Yes ____ (please list) _____
If yes, you will need to fill out required allergy information paperwork

- 4) Other allergies?
No ____ Yes ____ (please list) _____
List any signs or symptoms of a reaction: _____

- 5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)
No ____ Yes ____ (please list) _____
If yes, you will need to fill out required medical condition information paperwork

- 6) Does your child take any prescription medication?
No ____ Yes ____ (please list) _____
Does your child need to take this medication at school? Yes ____ No ____
If yes, you will need to fill out required medication authorization forms

- 7) Past surgeries?
No ____ Yes ____ (please list) _____
List any limitations since surgery: _____

- 8) Do both parents live in the household?
No ____ Yes ____ If no – we will need to be aware of any custody arrangements.
(Legal documentation is required for any pick up restrictions)

- 9) Does your child have specific behaviors we should be aware of?
(For example: separation anxiety; selective eater; fear of public restroom; tends to wander; etc.)
No ____ Yes ____ (please list) _____

- 10) How did you hear about our school?
__ Neighbor/friend/relative __ Previous child attended here __ Facebook __ Street Sign
__ Internet search __ Advertisement __ Other: _____

Do you currently attend Rolando Church? ____ Yes ____ No

Did you see or hear about the Preschool through church? ____ Yes ____ No

Parent Signature: _____ Date _____

Best Contact Phone #: (____) _____