

Davis Baker Preschool Enrollment Form

Please complete this form and return to Davis Baker Preschool office, EDU 134. You will need a copy of your child's immunization form or immunization waiver in order for your child to be enrolled.

Please see Erica McDaniel, Preschool Director for any questions you may have.

Erica McDaniel

Davis Baker Preschool Director

870-230-5051 or 870-230-5260

EDU 134

1020 Henderson St

HSU Box 7724

Arkadelphia AR 71999

Child's Name:

Enrollment Date:

Social Security Number:

Date of Birth:

Mother:

Mother Phone #

Mother email:

Father:

Father Phone #:

Father email:

Address:

Others in the home:

Is child adopted:

Date of adoption:

Field Trip Permission: _____ (Initials)

Throughout the year, the children will be taking field trips on the HSU campus in correspondence to the unit of study. We will walk the children and need the parent's permission for the child to attend these scheduled events. Your initials authorizes HSU Davis Baker teachers to walk your child on these trips. You will be notified in advance of specific walking field trips.

Publicity Release Consent _____ (Initials)

I give consent for my child's picture to be used in the following manner:

___ Newspaper and HSU University related articles

___ Video presentations which are used for classroom purposes

___ Appropriate HSU student case studies (not to be published)

Mandated Reporter Statement _____(Initials)

As a parent of a child enrolled in the Davis Baker Preschool, I understand that the school employees are required by law to report any suspicion of child abuse or neglect. If abuse is suspected, your child is subject to be interviewed by licensing staff, child maltreatment investigators, or law enforcement for investigative purposes and/or determining compliance with licensing requirements.

Child Care Licensing Visits _____(Initials)

Child Care licensing evaluates our center throughout the year. Visits are unannounced and a compliance form is filled out during each visit. These forms are available for review at the request of the parent.

Davis Baker Preschool Discipline Policy _____(Initials)

It is the policy of the Davis Baker Preschool to provide a supportive yet firm type of classroom environment which is conducive to providing security for young children. Rules are established during the first week of school, and the children are encouraged to talk about these rules. Posters and books are also used to stress concepts of good manners. The children are informed in regard to what will happen should they misbehave/ and or disobey the rules.

It is not the intent of the Davis Baker Preschool staff to punish children for misbehavior. Based upon a child-centered type of philosophy, it is our belief that discipline should be seen as a self-disciplining process. We don't try to make the children feel badly about themselves, instead we strive to help the children take issue with his or her actions or behaviors. Physical punishment is not allowed in the

preschool. If the child must be removed from the group for misbehavior, he/she must sit in the office with the director for 3 to 5 minutes and think about why he/she has had to sit out.

If the behavior recurs then the same procedure is repeated, and the parents are notified that the child had to sit out for a few minutes that day. This information is presented to the parents in the Parent Booklet.

As stated in the guidelines section of the Parent Handbook, Davis Baker Preschool reserves the right to discharge a child after acceptance into the preschool if the parent and/or the child fails to meet the school policies as outlined in the handbook.

Emergency Medical Authorization

As specified by Arkansas Social Services, we are required to have written authorization concerning emergency medical care in case we cannot get in contact with parents.

We, _____ and _____ give permission to the Davis Baker Preschool teachers the authorization to obtain medical treatment in regards to my child, _____.

Physician: _____ Phone _____

Physician Address: _____

Dentist: _____

Phone: _____

Dentist Address: _____

Contact Person

Please complete the following information concerning whom to contact regarding your child in the event that neither parent can be reached.

Name:

Phone:

Address:

Transportation to and from school:

We, _____ and _____ give written permission to the following person(s) to transport our child, _____ to and from the Davis Baker Preschool. Those persons include the following:

1. Name:

Phone Number:

Address:

2. Name:

Phone Number:

Address:

3. Name:

Phone number:

Address:

Please let your child's teacher know if there will be any change in your child's transportation to and from school. A written note should be sent any time other than the above will transport the child. Photo copies of driver's license are also required.

Parent Signature _____

Date _____

Physical Development

Present state of health:

Serious illness or accidents:

Physical disabilities:

Hand Preference:

Special recommendations from physician:

Eating Habits

Food Likes:

Food Dislikes:

Food Allergies:

Allergy Policy: If your child has specific allergies, we will need to have a note from your child's pediatrician stating the special consideration. Please send this documentation concerning allergies at the beginning of the semester or whenever an allergy is discovered.

Sleeping Habits

Usual Bedtime:

Average sleep time:

Does your child take a nap?

Average amount of nap:

Any sleeping problems:

Toilet Habits:

Bowel control established: (date)

Bladder control established: (date)

- **Please note that Davis Baker Preschool is not a daycare and we do not have diaper changing facilities. Your child has to be full potty trained to attend. However, we understand that accidents may occur.**

Social Development

Contacts with adults (examples) _____

Contacts with children _____

Favorite toys and games _____

Play
difficulties _____

Emotional development

Fears _____

Temper outbursts _____

Habits: Thumbsucking etc _____

Language Development:

Does your child speak in

Words_____

Phrases_____

Sentences_____

Is the speech clear and distinct?

Speech difficulties?

Do you agree to bring your child regularly and on time unless the child is ill?

Is there anything else we can know to help the continuation between home and preschool?

Comments:

Parents Signature_____ **Date**_____