

Cedar Crest High School
Family and Consumer Science Department
Little People's Palace

Enrollment Information

Child's Name _____
(First) (Middle) (Last)

Child's Nickname (if used) _____

Child's Age _____ Birth date ___/___/___ Gender _____

Address _____

City _____ Zip Code _____ Home Phone (____) _____

Father's/Male Guardian's Name _____
(First) (Last)

Daytime Phone (____) _____ Cell Phone (____) _____

Email _____

Mother's/Female Guardian's Name _____
(First) (Last)

Daytime Phone (____) _____ Cell Phone (____) _____

Email _____

Child lives with: Mother Father Both Guardian Other _____

If there are custody papers, please supply a copy. Please notify us of any possible conflicts or problems. _____

Other person's living in the home (include age, gender, and relationship)

Has the child ever been separated for any length of time from the parents? (Such as vacations, illness, etc.)? _____

How did he/she adjust? _____

Are there any health concerns about your child? _____ Please state them _____

Does your child have any fears? If so, please list them. _____

Sleeping/ Eating Habits

What is your child's usual bedtime? _____ Waking time? _____

Does your child take a morning or afternoon nap? _____ When? _____

Is your child typically hungry at meal times? _____

What are his/her favorite snacks? _____

What fruits will your child eat? _____

What vegetables will your child eat? _____

Does your child have any food allergies? _____

Is there anything else you would like us to know about his/her eating habits? _____

Potty Training

Is your child potty trained? _____

Will your child let us know if he/she has to go to the bathroom? _____

What words will he/she use for toileting? _____

Play Habits

Does your child play alone? (Check one) Always _____ Often _____ Seldom _____

Does he/she prefer quiet or physical activities? _____

What are his/her favorite activities? _____

Does your child play with others? _____

Are playmates girls or boys? _____ Younger, older, same age? _____

How often do they play together? _____

If there is a conflict with another child, how does he/she handle the conflict? _____

Does your child have an imaginary friend? _____ It's name? _____

Has your child attended any other social groups or preschools? _____

If so, where? _____

Culture

What is your child's primary language? _____

Do you have any objections to us having a Christmas party with Santa Clause or Easter party? _____

What would you rather we call it? _____

Any culture concerns we should know about? _____

Transportation to and from the program

To: (with whom) _____

From: (with whom) _____

Is there anything else you would like us to know about your child? _____

Is there anything else you would like us to know about your child?

All of the above information is accurate and answered to the best of my knowledge.

Parent Signature _____ Date _____

Checklist: _____Emergency Card _____Consent form

_____Doctor signed child health assessment _____Tuition

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Consent Form

I give consent for my child, _____, to participate in the Family and Consumer Science Department's Little People's Palace at Cedar Crest High School.

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities, planned and ran by students, of the school. I understand that snacks, planned and prepared by students, will be served as part of this program.

I hereby grant permission for my child to be included in evaluations, observations, pictures, and video recordings connected with the school program.

I understand that in case of illness, I will be called upon and required to pick up my child as soon as possible.

I hereby grant permission for staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Take the child to our school nurse at the high school for consultation
3. Attempt to contact you through any of the person's listed on the enrollment form you have completed for us
4. Attempt to contact the child's physician
5. If we cannot contact you or the child's physician, we will contact the paramedics
6. Any expenses incurred under number 5 above will be the responsibility of the child's family
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment

Signature of Parent/Guardian _____ Date _____