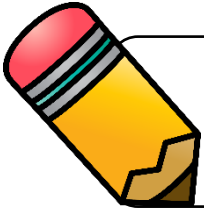
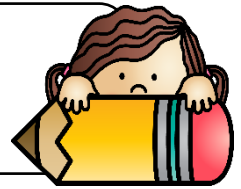


Enrollment Date: _____

Information Update Only: _____



Faithful Foundations



29275 SE Eagle Creek Rd. Estacada, Or 97023
enroll@faithfulfoundations.org (503) 405-6122

Registration Form

Child Name: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Is your child immunized? Yes () No () NOTE: We use the ALERT IIS system to verify immunization records. If there are no current records, we will send you a form to complete the exemption portion, or to provide immunization records.

Does child have any known health problems? Yes () No () (If yes Please explain below)

Please list any serious prior injuries: _____

Check (√) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Please comment on any other medical information/or special need the childcare provider should be aware of:

Emergency Care Authorization

In the event my child needs medical attention and persons authorized by me cannot be reached, I authorize school officials to administer minor first aid or take emergency action and the parent/guardian expense. Initials _____

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you. Initials _____

I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

By Signing this agreement, I acknowledge that Faithful Foundations Preschool, LLC has provided me with access to the parent handbook for review. I have thoroughly read, understand, and addressed any questions that may have arisen regarding its contents. I agree to adhere to the policies and procedures outlined within the parent handbook.

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

ADVERTISEMENT

Drive-by Sign
Website/Facebook/Other
Flyer
Newspaper

REFERRAL

Parental Referral: _____
Friend/Neighbor: _____