



The Children's Garden Preschool
486 Park Ave., SE
Atlanta, Georgia 30312

Individual Child Enrollment Forms for the 2020-2021 School Year

Child's Name: Last _____ First _____

Nickname _____

Date of Birth: _____ Gender M/F: _____

Parent/Guardian 1 Name:

Last _____ First _____

Email _____ Home Phone: _____

Cell Phone: _____ Work Phone number: _____

Home Address:

(street, city, postal code)

Employer: _____ Occupation: _____

Parent/Guardian 2 Name:

Last _____ First _____

Email _____ Home Phone: _____

Cell Phone: _____ Work Phone number: _____

Home Address:

(street, city, postal code)

Employer: _____ Occupation: _____

Who does your child live with? (Both parents, parent 1, parent 2, guardian, other – please describe)

Primary Contact Information:

Please indicate the phone number **we should try first** when we need to reach you and the email/s where you will most consistently receive preschool information.

Primary Phone Contact (Name and number)

- 1. _____
- 2. _____

Primary Email Address/es

- 1. _____
- 2. _____

In addition to the parents/guardians listed above and emergency contacts on the medical & emergency form, please list authorized individuals with **permission to pick your child up from school this year (this can be updated at any time by emailing the office to add/remove individuals):**

- 1. Name: _____ Relationship: _____ Ph: _____
- 2. Name: _____ Relationship: _____ Ph: _____
- 3. Name: _____ Relationship: _____ Ph: _____
- 4. Name: _____ Relationship: _____ Ph: _____

Your child's Previous School/s (if any) & Dates Attended:

Your child's Playgroup Experience & Other Social/Group Experience (if any, other than TCG):

Language/s spoken at home:

Siblings and/or others living at home with your child:

- Name _____ Age _____ Relationship _____
- Name _____ Age _____ Relationship _____
- Name _____ Age _____ Relationship _____
- Name _____ Age _____ Relationship _____
- Name _____ Age _____ Relationship _____

Child Medical & Emergency Information Form

ALL SECTIONS OF THIS FORM ARE REQUIRED TO BE COMPLETE--No Blanks Please!

Child's Name: Last _____ First _____ Date of Birth: _____

Family Physician or Pediatrician: _____ Phone: _____

1. Is your child under medical care? If yes, please explain:

2. Is your child taking any medication? If yes, please explain:

3. Does your child have any **medical/physical/developmental problems, delays or concerns** we should be aware of? Please be very specific and use additional space on the back of this form, if necessary. We kindly request you include the following in this section - any and all allergies, dietary restrictions/requests, premature birth history, current therapies such as speech, PT, OT, etc., or needs for any of these concerns:

4. Please provide the school a copy* of your child's **current Vaccination Record or Waiver Form**.

***DUE NO LATER THAN JULY 31, 2020.** If you do not have one available, please explain:

5. Has your child had any surgical operations? If yes, please explain:

6. Has your child had any injuries, accidents or traumas? If yes, please explain:

7. In case you cannot be reached, provide us with **TWO EMERGENCY CONTACTS**:

1. Name: _____ Relationship: _____ Ph: _____
2. Name: _____ Relationship: _____ Ph: _____

8. Please check ALL THAT APPLY of the following medicines which may be administered to your child:

___ Tylenol or Motrin ___ Benadryl ___ Child's weight ___ lbs. ___ Homeopathics/Bach Flower Remedies

As parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the above mentioned minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____