

Bethany Preschool

Registration Packet

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Visit our Facebook page at:
<https://www.facebook.com/bethanypreschooldsm/>

REGISTRATION PACKET

A.M. Class: 9:00-11:30 a.m. -- for 3 & young 4 year olds

P.M. Class: 12:30-3:00 p.m. -- for those going to Kindergarten next school year

Child's Name _____

Birth Date _____ Sex _____

Street Address _____

City _____ Zip Code _____

Phone Number _____

E-Mail _____

If child does not use his/her legal first name, please list the name he/she will be using:

Mother: Name _____

Home Phone # _____ Cell Phone # _____

Street Address _____

City _____ Zip Code _____

Place of Employment _____ Work Phone # _____

Father: Name _____

Home Phone # _____ Cell Phone # _____

Street Address _____

City _____ Zip Code _____

Place of Employment _____ Work Phone # _____

Guardian or Custodian other than parent (if applicable)

Name _____
Home Phone # _____ Cell Phone # _____
Street Address _____
City _____ Zip Code _____
Place of Employment _____ Work Phone # _____
E-Mail _____

Baby-sitter (if applicable)

Name _____
Home Phone # _____ Cell Phone # _____
Street Address _____
City _____ Zip Code _____

Family History:

Marital Status of Parents:

Married ____ Divorced ____ Separated ____ Deceased ____ Single ____

Other Children in the Home:

	Name	Birth Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Personality and Emotional Development:

Do you regard your child as affectionate? Yes _____ No _____

To whom? _____

Does he/she accept new people easily? Yes _____ No _____

Is he/she usually happy? Yes _____ No _____

What nervous habits does he/she have? _____

When does he/she show them? _____

Discipline:

When you find it necessary to discipline your child, which parent usually does this and how?

Additional Information:

Give any further information which you believe will be helpful to us in understanding your child. _____

Class List Permission Form

I DO

I DO NOT

give permission to Bethany Preschool for the following information to be released to other parents in the event of carpooling, special events, classmate birthday parties, etc.

Child's Name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Home Phone Number	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family Cell Number	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Home Address	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Parents' Names	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Photography Release Form

Dear Parents,

At Bethany Preschool, we use our Facebook page to keep families of children attending our preschool updated. We also use this as a means to help illustrate our services to parents hoping to choose Bethany Preschool for their child.

We publish photographs and/or videos taken at preschool on our Facebook page. Please fill out the below form so we understand your decision regarding your child. **Please note that at no stage will a child's private details appear alongside their picture.**

Please check the appropriate box below:

I **DO** give permission for my child _____'s picture to be used by Bethany Preschool for:

- Facebook page and/or church website
- Preschool or church program or presentation
- Newspaper or other media for publicity or advertisements

I **DO NOT** give permission for my child _____'s picture to be used by Bethany Preschool for:

- Facebook page and/or church website
- Preschool or church program or presentation
- Newspaper or other media for publicity or advertisements

Child's Full Name: _____

Parent/Guardian Signature: _____

Print Name of Signor: _____

Date: _____

Travel and Activity Authorization

I DO

I DO NOT

give permission for my child, _____, to leave Bethany Preschool for trips in a private vehicle, preschool bus, or on public transportation to special places, walks to the park, shopping trips, field trips, etc. I understand that I will be notified before each such activity.

Restrictions on such trips:

1. With the exception of the preschool bus and public transportation, each child under six years of age will be secured in a seat belt for any outing.

Addition restrictions, if any, set by parents:

2. _____

3. _____

Signature of Parent/Guardian

Date

Pick-Up Permission Form

Child's Full Name: _____

I hereby give permission for my child to leave Bethany Preschool with the following persons named below. It is the responsibility of the parents to notify the preschool, in writing, of any changes.

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation, divorce, or custody issue of which we should be aware, Bethany preschool will need a copy of the legal document on file.

Names of persons who may **not** pick up my child:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Parent/Guardian

Date

Car Pool Request

Bethany Preschool does not provide transportation and can not guarantee or arrange car pooling, but we will make an effort to link up families who are interested in car pooling.

I do not wish or am not able to be part of a car pool.

I am not able to be a part of a car pool, but would like to arrange for transportation to the:

A.M. Class

P.M. Class

I am interested in car pooling and give permission for my name, address and phone number(s) to be given to others with registration packets in the:

A.M. Class

P.M. Class

Signature _____ Date: _____

Address _____

Phone(s) _____

Bethany Preschool
Parental Emergency Medical Consent
Permission for medical care in parental absence
(This form must be presented upon admission for treatment)

Child's Full Name _____ Birth Date _____

Every effort will be made to notify parents/guardians immediately in the case of an emergency.

In the event that my child may require emergency medical and/or surgical care or treatment while I am unable to be reached, I hereby give my consent to any emergency medical and/or surgical care or treatment for my child as secured or authorized under this consent. I agreed to pay all the costs and fees contingent on any emergency medical care for my child as secured or authorized under this consent.

Name of parent or legal guardian _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Doctor: _____ **Doctor's Phone #** _____

Doctor's Street Address _____ **City** _____

Hospital of preference: _____

Person(s) to be contacted in an emergency if parents/guardians are unavailable:

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This consent will be in effect beginning _____
and continuing while this child is enrolled in Bethany Preschool.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Bethany Preschool
Parental Emergency Dental Consent
Permission for dental care in parental absence
(This form must be presented upon admission for treatment)

Child's Full Name _____ Birth Date _____

Every effort will be made to notify parents/guardians immediately in the case of an emergency.

In the event that my child may require emergency dental care while I am unable to be reached, I hereby give my consent for treatment by:

Clinic _____

Dentist _____ **Dentist's Phone #** _____

Dentist's Street Address _____ **City** _____

or his/her designee to provide this care. I agree to pay all the cost and fees contingent on any emergency dental care and/or treatment for my child as secured or authorized under this consent.

Name of parent or legal guardian _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Person(s) to be contacted in an emergency if parents/guardians are unavailable:

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This consent will be in effect beginning _____
and continuing while this child is enrolled in Bethany Preschool.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Bethany Preschool
Physical Examination
(To be completed by physician or designee)

Child's Full Name _____ Date of Exam: _____

Address _____ City _____

Age _____ Height _____ Weight _____

Skin _____ Head & Scalp _____

Eyes _____ Nose _____

Ears _____ (L) TM _____ (R) TM _____

Mouth: Teeth _____ Gingiva _____ Palate _____

Heart _____ B.P. _____ Femoral Pulse _____

Lungs _____ Abdomen _____

Genitalia _____ Rectum, Anus _____

Spine & Back _____ Extremities _____

Neuromuscular _____ Gait _____

Lymph Nodes _____ Urinalysis _____

Vision: _____ (R) eye _____ (L) eye _____ Both _____

Hearing: Normal _____ Abnormal _____ Not Tested _____

If needed: Hemoglobin or Hematocrit _____ Tuberculin Screening _____

Sickle Cell Screening _____ Development Testing _____

Lead Screening _____ Other _____

Allergies _____

Summary of findings and recommendations: I have examined _____

He/she _____ is _____ is not physically and emotionally able to participate in your program.

Additional Comments: _____

Signature of Physician or Designee

Date