NORTH RUN BAPTIST
Preschool

North Run Baptist Preschool

2100 Lydell Drive
Richmond, VA 23228
804-266-3084 (ext. 310)
northrun.prek@gmail.com

Child Enrollment Information:

Student's Name: ____
First Middle Last

Birthday: _______________________ Gender: ____________________________
Address: ____
City: __________________________________ State: ___________ Zip: _______________
Preferred Name: ___________________ Siblings: __________________________________

Parent/Guardian Information

Parent/Guardian 1 Name: ____
Cell phone: ____________________________ Work phone: ____________________________
Email Address: ____
Parent/Guardian 2 Name: ____
Cell phone: ____________________________ Work phone: ____________________________
Email Address: ____

Child lives with ___both parents ___Mother ___Father ___Other_______________
Any Church Affiliation or Place of Worship: ____

Emergency Information

Child's Physician: _________________________________ Phone: ______________________
Persons to contact if parents cannot be reached:

1. Name: ___________________ Phone: ____________________ Relation: ___________
2. Name: ___________________ Phone: ____________________ Relation: ___________

Person(s) authorized to pick up child ____

Person(s) **NOT** authorized to pick up child ____
(Appropriate legal documents should be attached in the event a parent is not permitted to pick up a child.)

<u>Health History</u>

Allergies or intolerance to food, etc. ____
Drug allergies: ____
Preferred Hospital: ____
Is your child currently taking any daily medications? ______yes ______no

If yes, please identify the medication and the condition requiring the medication:

____

Is your child toilet trained and able to use the bathroom independently? _____yes _____no
Chronic physical problems: ____
Developmental information: ____

______yes ______no Allergies: bee stings
______yes ______no Asthma
______yes ______no Aggressive tendencies
______yes ______no Difficulty respecting adult authority
______yes ______no Exhibits hyperactive tendencies
______yes ______no Difficulty paying attention to a story
______yes ______no Difficulty listening and following a simple one-step direction
______yes ______no Ear problems/Hearing problems
______yes ______no Eating disorders
______yes ______no Emotional disorders
______yes ______no Separation anxiety
______yes ______no Speech delays/problems
______yes ______no Vision problems/wears glasses

Any information you would like to share or feel we should know about your child: ________
____

______yes ______no This information is correct to the best of my knowledge.
______yes ______no I give permission for the director to share this information with my child's teacher and if necessary, the Preschool Committee of North Run Baptist Church.

Health Guidelines: I understand that if my child shows signs or illness at school, in accordance with school policy, I will be called and expected to pick up my child in a timely fashion. If my child has an elevated temperature he/she should remain at home for at least 24 hours. If my child needs antibiotic treatment he/she must remain home until 24 hours of treatment has been completed. I also understand that I am required to inform the school within 24 hours after my child, or any member of my immediate household, has developed any reportable communicable disease.

Parent Signature: ___________________________________ Date: _____________________