

## **Application for The Children's Garden Preschool**

**Please fill out and return to:**

**Mari Ohta at 597 Seven Mile Ridge Rd. Burnsville, NC 28714**

**Please enclose the non-refundable application fee of \$40 to The Children's Garden**

Name of Child

Birth Date

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### **Information About The Family**

Parent's/Guardian's names

Contact Address(es)

Contact Phone Numbers (please include all relevant numbers day/evening/cell/work)

E-Mail Addresses

Insurance Carrier

Policy #

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### **Information About Your Child**

Does your child have any known allergies?

Does your child have any chronic illnesses/conditions?

Is your child receiving any medications on a regular basis?  
Has your child had any previous hospitalizations or operations?

Does your child have any physical or mental disabilities?

Please let us know which vaccinations your child has received and what your future plans are regarding vaccinations.

Please give any information about your child which will be helpful for her/his experience in a group setting, (such as play, eating and sleeping habits, special likes and dislikes and unique qualities and characteristics you would like us to know about.)

If you have not mentioned your child's eating habits above please let us know what kind of eating schedule you have including meals and snacks. What kinds of foods are eaten at snack time? Does your child sit on your lap or in their own chair? What does your child usually drink? (All this information helps us understand what we need to do to help your child adjust to preschool snack schedule.)

It is helpful for us to know how much media your child is exposed to on a regular basis. Please tell us about the interactions your child has with television/ movies video games/computers.

Please tell us a little about your child's history. Feel free to include any information about the nature of the pregnancy; the birth and the overriding characteristics of babyhood and the early years.

**Emergency Care Information**  
**Please attach a copy of both sides of the insurance card**

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_

Medication Allergies: No \_\_\_\_ Yes \_\_\_\_\_

Food or Environmental Allergies: No \_\_\_\_ Yes \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Second Parent/ Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

If neither mother, father or guardian can be contacted, please call from the following list:

1. Name and relationship to family  
Telephone # \_\_\_\_\_
2. Name and relationship to family  
Telephone # \_\_\_\_\_
3. Name and relationship to family  
Telephone # \_\_\_\_\_

Please list additional people who may be picking up your child, please include their telephone numbers.

I agree that the director may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I agree to be responsible for the cost of such emergency medical care. I agree that in such emergency medical care, staff of the Children's Garden may transport my child to the medical facility in her personal vehicle in an appropriate car seat.

Signature of parents and date: