

Center - Room

Admission Form United Childcare and Preschool, Inc.

Date Admitted (OFFICE)

Starting Date (OFFICE)

Fee (OFFICE)

Name of Child

DOB

Place of Birth

Home Address

Preferred Phone

EMERGENCY INFORMATION (OTHER THAN PARENTS/GUARDIANS)

Contact #1 Name and Relationship

Preferred Phone

Address

Contact #2 Name and Relationship

Preferred Phone

Address

Child's Doctor/Clinic

Office Phone

FAMILY INFORMATION

Parent #1 Name

Parent #2 Name

Parent #1 Home Address

Parent #2 Home Address

Parent #1 Preferred Phone

Parent #2 Preferred Phone

Parent #1 Preferred Email Address

Parent #2 Preferred Email Address

SSN

SSN

Age Occupation

Age Occupation

Employer

Employer

Days/Hours of Work

Days/Hours of Work

Business Address

Business Address

Business Phone

Business Phone

Relationship Status

Relationship Status

Members of Household: List all children in order of age and other members of the household living in your home.

Name	Relationship to Child	Present Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL INFORMATION

Please describe your child's energy: _____

Describe motor ability and interest toward play: _____

Has your child had any serious illnesses, operations, accidents or hospital experiences? _____

Does your child have any allergies? If so, please list and describe how to recognize an allergic reaction and how we should respond: _____

Is there anything unusual about your child's eating habits you believe we should know before they eat at the center?

Bathroom habits (Are they independent? Do they need assistance?): _____

Sleeping habits: Is your child used to daily naps? _____ For how long? _____

Does your child have a special toy or blanket? _____

How did you soothe your child when they were an infant? (Rub their head, back, etc.) _____

PERSONALITY & EMOTIONAL BEHAVIOR

How does your child respond to their parent's/caregiver's absence? _____

Does your child have any fears? _____ Of what? _____

What is used most effectively for discipline at home? _____

OTHER

Is there any special information you feel the center should have which has not been included in previous questions?

Has your child had any previous preschool experience (nursery school, Sunday school, daycare center, Montessori, etc.)? If so, state: _____

What would you like your child to experience at this center that was not present at the former center? _____

PERMISSION FORM

I hereby give my permission to United Childcare and Preschool, Inc. to:

1. Take my child to the outpatient department of a hospital or clinic in case of an accident or to contact my physician or hospital of my choice:

Hospital or clinic of choice

2. Take my child on field trips as planned by the center's staff: YES NO (Circle one)

3. UCP regularly posts pictures to the center's Instagram feed. This is a private account that can only be seen by UCP families and staff. If you would like your child to be included in these photos, provide your electronic signature below:

Parent/Guardian Signature

PARENTAL/GUARDIAN AGREEMENT

My child, _____ will attend the United Childcare & Preschool, Inc. on the following days: M T W Th F (Circle all that apply)

Child will arrive at the center at approximately what time? a.m. _____ p.m. _____

Child will leave at the center at approximately what time? a.m. _____ p.m. _____

The weekly/hourly fee for my child will be: _____

It will be paid by _____
Parent/Guardian Signature

ANY CHANGES IN THE ABOVE AGREEMENT MUST BE APPROVED BY THE CENTER'S DIRECTOR.

I have read and understand the policies as set forth in the parents handbook, and I WILL NOTIFY THE DIRECTOR, PERSONALLY, AT LEAST TWO WEEKS BEFORE MY CHILD IS WITHDRAWN FROM THE CENTER. IF I DO NOT GIVE A TWO-WEEK NOTICE, I WILL PAY THE FEE FOR THOSE TWO WEEKS. I agree to notify the director if there is a significant change in my income. I agree to be financially responsible for all changes and fees incurred at United Childcare and Preschool, Inc. for the care of my child or children.

Parent/Guardian #1 Date

Parent/Guardian #2 Date

<p><i>How did you learn about UCP?</i></p> <p>____ Friend Name: _____</p> <p>____ Volunteer & Information Center ____ Google Search ____ Referral</p> <p>____ Other _____</p>

Full Name: _____

(Copy of front page to office)

- Registration and Insurance Fee Collected (\$25)
- Parent's Handbook signed? YES NO (Circle one)
- Admission Form Received _____
(Date)
- Health Forms Received _____
(Date)
- Application for Free and Reduced Price Meals Received _____
(Date)
- Security Release Form _____
(Date)
- Child Nutrition Enrollment Form _____
(Date)

EXIT INFORMATION

Last Day _____, 20_____	
Fees Paid Up Yes No (Circle one)	Balance Owed: \$ _____
Two weeks Notice Given? Yes No (Circle one)	
Date Files Turned in to Office _____, 20_____	