

Gilpin County Preschool Admission Record

1) Child's Last Name: _____ First: _____ MI: _____ Sex: _____ Birthday: _____ Social Security #: _____
Home Address: _____ City: _____ Zip code: _____ Phone: _____
Mailing address: _____ Language spoken at home: _____ English _____ Spanish _____ Other: _____

2) Father/Guardian Name: _____
Address & phone (if different from child): _____
Employer: _____ Business Address: _____ Business Phone: _____

3) Mother/Guardian Name: _____
Address and phone (if different than child): _____
Employer: _____ Business Address: _____ Business Phone: _____

4) Other children or adults in family (list name, age, sex): _____

5) How may the persons responsible for the child be reached while the child is at preschool? _____

6) If neither parent/guardian can be reached in case of an emergency or school closure call:
Name: _____ Address: _____ Phone: _____ Relationship : _____

7) Person(s) designated to pick up or deliver child :
Name: _____ Address: _____ Phone: _____ Relationships: _____
Name: _____ Address: _____ Phone: _____ Relationships: _____
Name: _____ Address: _____ Phone: _____ Relationships: _____

8) Person(s) not permitted to pick up child: _____

9) Child's Doctor: _____ Address: _____ Phone: _____

10) Child's Dentist: _____ Address: _____ Phone: _____

11) Preferred Hospital (if an emergency should occur): _____ Address: _____

12) List any medications, medical concerns or chronic problems that your child has (seizures, ear infections, asthma etc).

13) Describe any allergies, including food allergies. (or if you do not want your child to eat specific foods, please list them).

14) Is your child potty trained? _____

15) Please give any information concerning your child that would be helpful to the preschool staff:

- a) Previous Preschool/Daycare experiences: _____
- b) Eating Habits: _____
- c) Sleeping Patterns: _____
- d) Play Habits (favorite toy/game/activity) _____
- e) Fears: _____
- f) Likes and Dislikes: _____
- g) Behavior Issues: _____
- h) Others: _____

16) This application must be accompanied with a signed medical statement completed 90 days prior to or 30 days after admission to one of the Gilpin County Preschool programs. It must be renewed annually.

17) If parent/guardian cannot be reached, school personnel has our permission to use his/her discretion in obtaining emergency medical care and transportation. The school district/personnel is not responsible for medical expenses. All costs occurring must be paid by parents/guardians.

18) At the time of admission, the parent/guardian understands they will be billed at the current tuition rate approved by the school board for the program in which you have enrolled your child.

Signature of Parent of Guardian: _____ **Date:** _____