



**CROSSROADS PRESCHOOL ENROLLMENT FORM**  
**2018 - 2019 SCHOOL YEAR**

Welcome to Crossroads Preschool! Your child's Preschool teacher needs to understand as much as possible about your child to join you in the task of providing the best for him/her. The information you supply below will be used for this purpose. In order to register your child at Crossroads Preschool, please mail this completed form and a check for \$65.00 to Crossroads Preschool (which will be your child's registration fee and reservation) at 57415 Alpha Drive, Goshen, IN 46528.

CHILD'S NAME: \_\_\_\_\_

NAME THAT YOU WANT YOUR CHILD TO BE CALLED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME/BIRTH DATE OF SISTERS/BROTHERS: (Please indicate if these are step brothers/sisters and if they live with the child)

HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ ZIP: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

STEP-PARENT or GUARDIAN'S NAME: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

CHILD LIVES WITH: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other: (Please Specify) \_\_\_\_\_

PLEASE LIST AT LEAST 4 INDIVIDUALS WITH THEIR PHONE NUMBERS THAT WE MAY CONTACT IN CASE OF EMERGENCY. (Please list them in order of calling priority.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

NAME/PHONE OF THOSE WITH PERMISSION TO PICK UP CHILD FROM SCHOOL:

DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_ IF SO, PLEASE INDICATE WHAT THEY ARE, HOW THEY ARE BEST TREATED, AND IF THERE ARE ANY SPECIAL PRECAUTIONS WE NEED TO TAKE.

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ARE THERE ANY HEALTH CONDITIONS WE SHOULD BE AWARE OF? \_\_\_\_\_ IF SO, PLEASE EXPLAIN.

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ARE THERE ANY ACTIVITIES WHICH YOUR CHILD SHOULD AVOID?

HOW DID YOU FIND OUT ABOUT CROSSROADS PRESCHOOL?

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### **CHILD'S DEVELOPMENT**

**MOTOR SKILLS:**

Does he/she dress self? Fully \_\_\_\_\_ Partly \_\_\_\_\_ Not at all \_\_\_\_\_

Is he/she Left handed? \_\_\_\_\_ Right handed? \_\_\_\_\_ Not Sure: \_\_\_\_\_

**SPEECH/HEARING:**

About what age did your child begin to talk?

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Does your child have any speech difficulties? (For example: stuttering, lisp, faulty enunciation) \_\_\_\_\_

If so, please explain.

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Are you enrolled in any program for speech? \_\_\_\_\_ If so, where?

Does your child have any difficulty hearing?

**SOCIAL PARTICIPATION:**

How does your child relate to playmates?

With whom does he/she play?

What group experiences has your child had with children his/her age?

How does your child relate to adults?

**EMOTIONAL:**

Does your child have any fears? \_\_\_\_\_ If so, please explain.

Has he/she had any behavior difficulties?

Are there any other tendencies in behavior we need to be aware of?

**SELF TENDENCIES:**

Is he/she obedient? \_\_\_\_\_

Does he/she resist help? \_\_\_\_\_

Does he/she give up easily? \_\_\_\_\_

Does he/she cry easily? \_\_\_\_\_

**CHILD'S INTERESTS:**

What things does your child enjoy doing at home?

What are his/her favorite toys?

What are his/her favorite TV programs?

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WHAT SCHOOL WILL YOUR CHILD BE ATTENDING FOR KINDERGARTEN?

WHAT ARE YOUR CHILD'S STRENGTHS?

IS THERE A SPECIFIC AREA IN WHICH YOUR CHILD NEEDS TO IMPROVE?

WHAT ELSE DO WE NEED TO KNOW ABOUT YOUR CHILD?

IN WHAT WAYS DO YOU HOPE THIS PRESCHOOL EXPERIENCE WILL HELP YOUR CHILD?

ADDITIONAL COMMENTS:

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DO YOU HAVE A CHURCH AFFILIATION? YES \_\_\_\_\_ NO \_\_\_\_\_ Crossroads Community Church would be happy to share information with you concerning our church. Feel free to call the church office at 574-875-4479.

EMERGENCY MEDICAL PERMISSION: If an emergency need should arise, I/we hereby give my/our permission for Crossroads Preschool to obtain care for my child from a licensed physician or dentist. We authorize Crossroads Preschool to take my/our child to the hospital and receive treatment by the doctor on call.

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Signature of parents or guardian/s and date

PHOTOGRAPHIC RELEASE: I/we hereby consent and authorize Crossroads Pre-school to take pictures of my/our child participating in activities of the school and for Crossroads Preschool to use these pictures for instructional or publicity purposes.

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Signature of parents or guardian/s and date

INFORMATION RELEASE: I am willing for Crossroads Preschool to release my name, phone number, and/or address to another adult associated with Crossroads Preschool/Church during this 2017 - 2018 school year.

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Signature of parents or guardian/s and date

I/WE understand that the Crossroads Community Church Preschool does not have insurance for students transported in private vehicles.

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Signature of parents or guardians and date

I/WE AGREE TO SUBMIT IN WRITING any changes to the information I have provided on this form including, but not limited to changes in employment, phone number/s, address, and medical information.

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Signature of parents or guardian/s and date

I/WE UNDERSTAND these authorizations shall remain in effect for the duration of said child's enrollment in Crossroads Preschool.

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Signature of parents or guardian/s and date

I/WE UNDERSTAND that the \$65.00 registration fee I am paying for \_\_\_\_\_ is NOT refundable and does not apply to monthly payment.

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Signature of parents or guardian/s and date

THIS FORM WAS COMPLETED ON: (Date) \_\_\_\_\_

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO ADHERE TO THE POLICIES AND PROCEDURES OF CROSSROADS PRESCHOOL:

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