



EASTLAKE CHURCH Children's Center

Transitional Kindergarten Registration 2018-19 School Year

Child Information

Child's Name: _____ Birth date: ____/____/____
Last First Month Day Year

Gender: M___ F___ T shirt size: __4T __5/6 __YouthXS __Youth S

Family Information: (If address information is the same, fill out one column & write "same" in the other column)

Name: _____
First Last

Name: _____
First Last

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____

City: _____

Zip Code: _____

Zip Code: _____

Home Phone: (____) _____

Home Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Email: _____

Language used at home: _____ primary _____ secondary

Child's Doctor: _____ Phone: _____

I request the following option be added to my child's 8:30 -12:30 schedule:

Lunch Option: _____
(Lunch option hours are 8:30am-1:30pm)

Extended Care: _____
(Extended Care hours are 6:30am-5:30pm)

Signed: _____ Date: _____
Parent or guardian

**Attach the nonrefundable registration fee &
non-refundable curriculum deposit to secure your child's space.**

Office Use only:

Date Received: _____ By: _____ Interviewed _____ Enrollment packet due by _____

Reg. & Deposit Paid: Cash _____ Check # _____ Debit/Credit Card _____

Start Date: _____ Lunch Option _____ Extended Care: _____

Notes: _____

Eastlake Church Children's Center ~ Enrollment Interview Sheet

(This information will help us better serve your child)

Child's Name: _____, _____ DOB: ____/____/____
(Last) (First) Month Day Year

Does your child have any:

- 1) Preschool or daycare experience? No ___ Yes___ Where?: _____
Kindergarten Prep experience? No ___ Yes___ Where?: _____
(If yes, please provide most recent evaluation from former school or daycare)

If you answer Yes to any of the following you may be contacted by our office staff for further information.

- 2) Difficulty with speech/hearing; physical, emotional or social development?
No ___ Yes___ (please list) _____

- 3) Food allergies?
No ___ Yes___ (please list) _____
(If yes, you will need to fill out required allergy information forms)

- 4) Other allergies?
No ___ Yes___ (please list) _____
List any signs or symptoms of a reaction: _____

- 5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)
No ___ Yes___ (please list) _____
(If yes, you will need to fill out required medical condition information forms)

- 6) Does your child take any prescription medication?
No ___ Yes___ (please list) _____
Does your child need to take this medication at school? Yes___ No___
(If yes, you will need to fill out a medication authorization form)

- 7) Past surgeries?
No ___ Yes___ (please list) _____
List any limitations since surgery: _____

- 8) Do both parents live in the household?
No___ Yes ___ If no – we will need to be aware of any custody arrangements.
(Legal documentation is required for any pick up restrictions.)

- 9) Does your child have specific behaviors we should be aware of?
(For example: separation anxiety; selective eater; fear of public restroom; tends to wander; etc.)
No ___ Yes___ (please list) _____

- 10) How did you hear about our school?
___ Neighbor/ friend/ relative ___ Previous child attended here ___ Facebook
___ Internet Search ___ Mall Signage ___ Advertisement
___ Other: _____

Do you currently attend EastLake Church? ___Yes ___No

Did you see or hear about the Children's Center through church ? ___Yes ___No

Parent Signature: _____ Date _____

Best Contact Phone #: (_____)_____