



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 N
Austin, TX 78734
(512) 266-2250
www.ltumc.org

2009-2010 Enrollment Form

(Please print)

_____ M F ____/____/____
Child's First Name Last Name Name Called Gender Date of Birth

Street _____ City: _____ Zip: _____

Church Currently attending: _____ None: _____

Family Email: _____ @ _____ Hm Phone: () _____

Mom's First Name _____ Last Name _____ Cell: () _____

Mom's Business: _____ Phone: () _____

Dad's First Name _____ Last Name _____ Cell: () _____

Dad's Business: _____ Phone: () _____

Guardian's/Nanny's Name: _____ Cell: () _____

Guardian's/Nanny's Address: _____ City _____ Zip _____

(Note: If guardian's address is different from child's, please submit documents concerning any custody arrangements)

Parent Authorizations

Initial all that apply:

____ My child may be included in water play activities.

____ My child may be photographed for use in school publications.

____ My family gives permission to print our family's name address, phone number and email address for your child's class list.

____ I agree to read and follow all the policies outlines the Lake Travis UMC Preschool Handbook (will be given at Back to School Night)

____ I understand that I must submit the State Admission Form with my child's Immunization Records prior to the first day of school.

Parent's Signature _____ Date _____

EMERGENCY CONTACTS

Give names of persons to call if parents/guardians cannot be reached. I hereby authorize Lake Travis UMC Preschool to disclose information, and/or allow my child to leave the facility with only the following people.

Name: _____ Address: _____ Cell() _____

Relationship: _____

Name: _____ Address: _____ Cell() _____

Relationship: _____

Name: _____ Address: _____ Cell() _____

Relationship: _____

Parent's Signature _____ Date: _____

MEDICAL EMERGENCY

In the event of a medical emergency, our policy is to contact our parents first. If we cannot reach you, we will try to contact any others you have designated. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child. I authorize the facility director or person in charge to take my child to:

Hospital: _____ Phone : _____

Address: _____ City: _____ Zip: _____

Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I give consent for this facility to secure all medical care for my child listed above.

Parent's Signature _____ Date _____



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 N
Austin, TX 78734
(512) 266-2250
www.ltumc.org

LTUMC PRESCHOOL STUDENT PERSONAL HISTORY

Child's Name: _____ Birth Date _____

HEALTH INFORMATION:

Has your child had: Rubella _____ Roseola _____ Mumps _____ Chicken Pox _____

Any chronic illnesses / hospitalizations / injuries _____

Does your child have any food allergies? _____

Any special dietary needs? _____

Any physical disabilities: _____

Any long term medications: _____

Any allergies (food/pet/medicine): _____

(If there are food allergies, please contact the preschool office for additional paperwork)

Has your child had a hearing, speech or developmental screening? If so, please share outcome:

Does your child have any special needs? _____

Child's Physician (If different from medical emergency contact) Phone: _____

Address: _____

Physician's Address _____

(Street)

(City)

(Zip Code)

GENERAL INFORMATION:

Names and ages of child's siblings:

1. _____ 3. _____

2. _____ 4. _____

Has your child attended a previous preschool/child care program? Yes ___ No ___

If yes, name of school? _____ Full -Time _____ Part-Time _____

What are your child's favorite toys / activities? _____

What school will your child be attending for kindergarten? _____

What is your child's temperament? Friendly ___ Shy ___ Energetic ___ Aggressive ___ Withdrawn ___

How does he / she get along with other children? _____

Does your child have any fears? _____

Is there anything in particular that might anger or upset your child?

How does your child demonstrate anger - frustration? _____

What discipline techniques / strategies do you find to be most effective with your child?

Is your child still in: diapers _____ Pull-ups _____ in the process of toilet training _____
fully toilet trained _____

Does your child have any hand preference yet? Left _____ Right _____

What do you expect your child to gain from his/her preschool experience this year?

Any additional information we should know that will help us in working with your child?:
