



# Weekday Preschool

**Northridge United Methodist Church**  
**9650 Reseda Blvd. Northridge, CA 91324 (818) 886-4949**  
**office@weekdaypreschoolnorthridge.com**

Dear Parents,

The following checklist is intended to simplify completing your child's enrollment forms. Please provide a current copy of your child's immunization record and print all forms one-sided only. Return checklist with all completed forms.

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

- 1) Child Information Page
- 2) Identification & Emergency Info
- 3) Updated Immunization Records
- 4) Family Questionnaire
- 5) School activity & Release of Liability
- 6) Admission Agreement
- 7) Consent for Emergency Medical Treatment (Classroom copy)
- 8) Consent for Emergency Medical Treatment (Office copy)
- 9) Disaster Pick-up

WEEKDAY PRESCHOOL  
9650 Reseda Blvd., Northridge, CA 91324  
818.886.4949



**Office use only:**

Classroom: \_\_\_\_\_

Days a Week: \_\_\_\_\_

### 2018-2019 Child Information Page

Child's Last Name, First \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation and Work Phone \_\_\_\_\_

Occupation and Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Child is living with (please circle):                      Both Parents    Mother    Father    Other

Do other adults live in the home?                      Yes                      No

Relationship to child: \_\_\_\_\_

Siblings Names and Ages: \_\_\_\_\_

Has the child attended Preschool before?                      Yes                      No

Where: \_\_\_\_\_ How long: \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_

List **allergies** including foods, medications, environmental, **and any food restrictions** for your child on the space below. *Your signature at the bottom of this page gives Weekday Preschool permission to post your child's allergy and/or food restrictions at the school.*

Weekday Preschool has my permission to contact my child's physician if questions arise regarding my child's health condition.

The e-mail, phone number, and address you provide will appear on the classroom roster.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's Last Name, First

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (     )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE
LAST					(     )
MIDDLE					
FIRST					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					(     )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE
LAST					(     )
MIDDLE					
FIRST					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					(     )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE
				(     )	(     )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (     )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (     )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

# Weekday Preschool Family History Questionnaire

This questionnaire will give us information that will help us get to know your family and your child and incorporate the richness of your heritage and culture into our program. We want to share ideas and learn from each family's traditions.

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Parents live/lived in: \_\_\_\_\_

Father's Parents live/lived in: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Does your family have special customs, traditions, foods you would like to share?

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If you would like to come to school and share a favorite song; tell a favorite story; teach a favorite dance; or send in photos, CD, or children's book, please describe what you would like to do:

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Are there items of clothing representative of traditional clothing worn by your family that you would like to show us or donate to our classroom for our dramatic play area? If so, please describe:

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Please use the back of this page to write more about any of the questions above, or to add anything else you think would be important for us to know about your family heritage or that you would like your child to share with other children in the class.

**CONSENT FOR MINOR TO PARTICIPATE IN SCHOOL ACTIVITY  
AND RELEASE OF LIABILITY**

I (We) hereby consent to my (our) minor child, \_\_\_\_\_  
participating in the following school related activity: **Off Campus Field Trips** for the period  
from September 5, 2018 to June 6, 2019

In consideration of the WEEKDAY PRESCHOOL of the NORTHRIDGE UNITED METHODIST CHURCH ("School") providing the adult-supervised activity described above and for other valuable consideration, I (We) hereby release Weekday Preschool and its agents and employees from any and all liability, claims, demands, actions and causes of actions to accrue to the named minor or to the parents or guardians of the minor as a consequence of any accident or injury. We further hereby expressly agree to indemnify Weekday Preschool and each of its employees and agents and hold them forever harmless against any loss from any and all such claims, demands, action, which may be made or brought by the minor or by anyone acting on behalf of the minor for the purposes of attempting to enforce a claim for damages or on account of injury sustained by the minor or to the minor's property. Such indemnity shall include all reasonable claims, including but not limited to attorney fees.

This release shall inure to the benefit and be binding upon the heirs, assignees, personal representatives, and successors in interest of the parties. Each person signing this executes it on his/her own behalf and on behalf of the child named below. If executed by more than one person it is executed jointly and separately.

Executed at **Weekday Preschool of the Northridge United Methodist Church, 9650  
Reseda Blvd., Northridge, CA 91324** on \_\_\_\_\_, 2018

**Name of Parent or Guardian:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

**Name of Parent or Guardian:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Weekday Preschool

Admissions Agreement 2018 - 2019 School Year (Office Copy)

This Admissions Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2018 by and between Weekday Preschool of Northridge United Methodist Church and \_\_\_\_\_ the Parent(s)/Guardian(s) of \_\_\_\_\_ whose home address is \_\_\_\_\_.

The Parent shall pay to the Preschool \$\_\_\_\_\_ per year for the Basic Services based on the Preschool's rates for such service. The monthly tuition for Basic Services is \$\_\_\_\_\_. This amount shall be due and payable on the first day of each month, September 2018 through May 2019. The Tuition Deposit paid upon enrollment applies to the June 2019 tuition.

In addition, the parent shall pay \$\_\_\_\_\_ each month beginning October 2018 for the Optional Service of \_\_\_\_\_.

**I/WE HAVE RECEIVED Copies of the Following: (Please initial)**

\_\_\_\_\_ Weekday Preschool Parent Handbook 2018-2019 (received electronically)

**I/WE HAVE RECEIVED the above listed materials and agree to abide by the policies and procedures stated therein.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Debbie Goodman, Weekday Preschool Director

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

Office Copy

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE  
( )

\_\_\_\_\_  
WORK PHONE  
( )

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

**Classroom Copy**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
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WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE  
(      )

\_\_\_\_\_  
WORK PHONE  
(      )



Child's Name \_\_\_\_\_ Child's Birth date: \_\_\_\_\_ Room \_\_\_\_\_  
(Office use only)

**DISASTER PICK-UP AUTHORIZATION  
2018 - 2019 SCHOOL YEAR**

(For classroom use: please name same individuals as listed on Form LIC 700 as "Authorized Representatives")

In the event of a disaster situation, Weekday Preschool needs to be prepared for unusual circumstances. I/We may not be able to pick up my/our child in a timely manner. Therefore, I/we authorize the following individuals to pick up my/our child from the school:

NAME	PHONE NUMBER	Cell? Yes or No
_____	_____	Cell? Yes or No
_____	_____	Cell? Yes or No
_____	_____	Cell? Yes or No

**SPECIFIC PARENTS FROM WEEKDAY WHO ARE KNOWN TO THE WEEKDAY STAFF:**

Please release my child to any person listed below after the following time frame:

<u>Immediately</u>	<u>(Indicate how long you would like us to wait)</u>
_____	_____
_____	_____

**EMERGENCY INFORMATION** (PLEASE PRINT)

Parent/Guardian Name \_\_\_\_\_ Best Number to reach you during school hours \_\_\_\_\_ Cell? Yes or No

Parent/Guardian Name \_\_\_\_\_ Best Number to reach you during school hours \_\_\_\_\_ Cell? Yes or No

Home Phone # \_\_\_\_\_ Cell? Yes or No \_\_\_\_\_ Alternate Emergency Phone Number \_\_\_\_\_ Cell? Yes or No

PHYSICIAN'S NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION (ALLERGIES, MEDICAL CONDITIONS, ETC.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_