



Pope John Preschool/Daycare

Pope John Elementary School

221 West State Street

Madison, Indiana 47250

(812) 273-3957

Child's Full Name _____ M ___ F ___

Birthdate _____ Child prefers to be called _____

Address _____

Home Phone _____ Cell #'s _____

Mother's Name _____

Mother's Occupation _____

Business _____ Work # _____

Father's Name _____

Father's Occupation _____

Business _____ Work # _____

Email Address _____

____ Child Living with Both Parents

____ Parents Separated ____ Parents Divorced ____ Joint Custody

Name and Age of Other Children In The Family

Religious Affiliation

Mother _____ Father _____

Allergies:

Please list allergies and health issues. _____

Additional Information

Bathroom Words: When your child needs to use the bathroom, what term does he/she use? _____

Personality: Does he/she have a fears or phobias? ____ If yes, please explain. _____

Behavior:

Are you aware of any special problems, such as aggression, anger, anxiety, hostility, etc.? _____

Is there any information we should know concerning your child which would help us understand him/her better? _____

What are you hoping your child will gain from this experience? _____

What previous group experiences has you child had? _____

Hours Of Operation

Monday through Friday 7:00 a.m. to 5:15 p.m.

Child will attend: Monday Tuesday Wednesday Thursday Friday
(circle all that apply)

Time child will normally arrive _____

Time child will normally be picked up _____

******* Authorization For Pick-up*******

We will not release your child to anyone without parent authorization.
Please list persons other than parents authorized to pick up your child:

_____ Phone# _____
_____ Phone# _____
_____ Phone# _____
_____ Phone# _____

INDIVIDUALS DENIED PERMISSION TO PICK UP CHILD:

You Must make sure that a staff member is aware of the child's arrival and departure. Please sign in and sign out on the clipboard every day.

We agree to enroll our child in Pope John Preschool/Daycare and to comply with its' rules and regulations. It is our understanding that proper supervision will be given at all times while our child is in the Preschool/Daycares care.

I give my consent for my child to participate in all activities that are part of this Preschool/Daycare curriculum.

Signature of Parent or Legal Guardian _____

Date _____

Discipline:

At Pope John Preschool/Daycare discipline consists of positive reinforcement and redirection. The use of physical punishment or verbal abuse is not permitted. Your child will be treated as a unique individual deserving of love, respect, and personal acceptance, Therefore, we will expect the same qualities from your child while dealing with others.

Disciplinary Action:

1. Redirecting Behavior
2. Time-Out or Cooling Off Time.
3. Holding Firmly if their behavior is such that it may harm themselves or others.
4. Calling the Parent.

I have read and discussed policies of the Preschool/Daycare and understand that any significant disciplinary action will be reported to me as the parent or legal guardian of the child.

Signed _____ Date _____

Health Information:

**A current immunization record must be on file for each child.*

In case of an emergency: If parent or guardian is not immediately available:

Relative _____	Phone# _____
Relative _____	Phone# _____
Friend _____	Phone# _____
Physician _____	Phone# _____
Hospital _____	Phone# _____

In case of emergency, the school may call the family physician to examine my son or daughter. (Without permission the school assumes no responsibilities for emergency medical attention.) Yes _____ No _____

Signature of parent or guardian _____