LOVING HANDS PRESCHOOL
CHILD ENROLLMENT FORM
2026-2027

Please be sure to fill in all areas of this form, or mark N/A for those that do not apply to your child. This form is a substitute form for the DCY 01234 Child Enrollment Form for Early Care and Education Programs. This form must be filled out in its entirety prior to your child's first day of attendance

Child's Name		**Date of Birth**	**First Day at Program**
Street Address			
City		**State**	**Zip Code**
Parent #1 Name		**Parent #1 Primary Phone Number** this will be number used when child is learning phone number	
Parent #1 Street Address CHECK HERE IF SAME AS CHILD ☐	**City**	**State**	**Zip Code**
Parent #1 Email Address		**Parent #1 Cell Phone (if different from Primary Phone Number)** ☐ N/A	
Parent #1 Work/School Name CHECK HERE IF NOT APPLICABLE ☐		**Parent #1 Work/School Phone** CHECK HERE IF NOT APPLICABLE ☐	

Parent Roster for Parent #1: Please indicate if this name should be released if a parent/guardian, of a child attending the program, requests contact information for other parents or guardians

☐ **Primary Phone number** ☐ **Email address** ☐ **N/A- do not share information for Parent #1 on parent roster**

CHECK HERE IF NOT APPLICABLE ☐	**Parent #2 Name**		**Parent #2 Primary Phone Number**
Parent #2 Street Address CHECK HERE IF SAME AS CHILD ☐	**City**	**State**	**Zip Code**
Parent #2 Email Address		**Parent #2 Cell Phone (if different from Primary Phone Number)** ☐ N/A	
Parent #2 Work/School Name CHECK HERE IF NOT APPLICABLE ☐		**Parent #2 Work/School Phone** CHECK HERE IF NOT APPLICABLE ☐	

Parent Roster for Parent #2: Please indicate if this name should be released if a parent/guardian, of a child attending the program, requests contact information for other parents or guardians

☐ **Primary Phone number** ☐ **Email address** ☐ **N/A- do not share information for Parent #2 on parent roster**

EMERGENCY CONTACT AUTHORIZATION

List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you. At least one person listed must be able to be able to take responsibility for your child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Parents that are listed above <u>can not</u> be listed as emergency contacts.

Primary Emergency Contact #1	**Primary Emergency Contact #2** **CHECK HERE IF NOT APPLICABLE** ☐
Primary Emergency Contact #1 Phone Number	**Primary Emergency Contact #2 Phone Number**
Primary Emergency Contact #1 Other Number/Email (if applicable)	**Primary Emergency Contact #2 Other Number/Email** (if applicable)
My child may be released to this emergency contact ☐ **Yes** ☐ **No**	**My child may be released to this emergency contact** ☐ **Yes** ☐ **No**

Child's Name	Date of Birth

EMERGENCY TRANSPORTATION AUTHORIZATION

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

□ **The program does NOT have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

HEALTH INFORMATION FOR YOUR CHILD- the following questions will be asked on the Child Care Profile form, you can mark yes, if you want us to refer to the CCP, or N/A if you have no additional information to share with us.

1. Does your child have a chronic health condition or diagnosis that requires the program to observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities?

□ **Yes** (complete or provide a Health Care Plan (DCY- 01236), documentation from a licensed physician, or an electronic equivalent) □ **No**

2. My child will receive specialized/individual services (such as speech, OT or PT) at Loving Hands Preschool (this only applies to our Full day class. Because of short class times, all other students may qualify for itinerant services outside of preschool hours)

□ **Yes** □ **Yes, but not at Loving Hands Preschool** □ **No additional services needed**

Name of service provided, service provider and frequency that your child receives these services?

3. Information on my child's development (personal, behavior, patterns, habits, and individual needs, etc)

□ **Yes** (additional information can be added on our CHILD CARE PROFILE, where there is more space) □ N/A

4. The following accommodations(s) may be helpful to most effectively meet my child's needs while at the program

□ **Yes** (additional information can be added on our CHILD CARE PROFILE, where there is more space) □ N/A

PERMISSION TO PICK UP

IN ADDITION TO THOSE LISTED ON PAGE 1 OF THIS FORM, I GIVE THE FOLLOWING INDIVIDUALS PERMISSION TO PICK MY CHILD UP FROM LOVING HANDS PRESCHOOL. I UNDERSTAND THAT THEY WILL NEED TO SHOW IDENTIFICATION AND MUST BE 18 YEARS OF AGE OR OLDER.

☐ I have left the below section blank because there are no additional names, other than the names listed on Page 1 of this form that have permission to pick my child up.

Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number
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Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number

PARENT/ADMINISTRATOR SIGNATURE

This form, after being completed and signed, will be valid for the remainder of the **2026-2027** school year

PARENT ACKNOWLEDGEMENT OF ACCURACY AND RECEIPT OF POLICIES AND PROCEDURES

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of Loving Hands Preschool's policies and procedures. The Parent Handbook is given out at the time of registration.
A digital copy is also available on our website www.loving-hands.org

Parent Signature	Date
Administrator Signature	Date

IF YOU NEED TO MAKE CORRECTIONS, ADDITIONS OR REVIEW THIS FORM ANYTIME THROUGHOUT THE SCHOOL YEAR, YOU CAN INITIAL AND DATE BELOW. PLEASE DO NOT INITIAL BELOW WHEN YOU ARE INITIALLY FILLING OUT THIS PAPERWORK

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review