

In Case of Emergency, first to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergy Alert: \_\_\_\_\_

# ASCENSION EARLY CHILDHOOD CENTER PRESCHOOL ENROLLMENT FORM

1440 SE 182nd Avenue, Portland OR 97233 • 503-667-6750 • Fax: 503-618-0810

## Programs (Check one option for childcare only)

**Half Day Preschool Only**

**Full Day Preschool with Childcare**

**Half Day Preschool (Must be potty trained)**

**Full Day Preschool (2 1/2 to 7 years)**

9:00am to 11:30am

6:30am to 6:00pm

Juniors: Must be 3 years old by August 31

Potty trained?  Yes  No

Seniors: Must be 4 years old by August 31

Child's age on September 1: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Registration: \_\_\_\_\_

Initials: \_\_\_\_\_

Assigned to Teacher: \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Birth Date \_\_\_\_\_

Prefers Right Hand

Prefers Left Hand

Reason for seeking Half Day or Full Day for your child \_\_\_\_\_

### (Complete for Full Day Program Only)

#### Check Days:

#### Time of Arrival:

#### Time of Departure:

Monday

\_\_\_\_\_

\_\_\_\_\_

Tuesday

\_\_\_\_\_

\_\_\_\_\_

Wednesday

\_\_\_\_\_

\_\_\_\_\_

Thursday

\_\_\_\_\_

\_\_\_\_\_

Friday

\_\_\_\_\_

\_\_\_\_\_

### Parent Information (If same as Student leave blank)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Hours at Work: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours at Work: From: \_\_\_\_\_ To: \_\_\_\_\_

Child's Legal Guardian \_\_\_\_\_  
Signature

Date \_\_\_\_\_

Please complete both sides

Please list all members of the household, related or not, and include the ages of all siblings:

_____	_____
_____	_____
_____	_____

In addition to parents, list at least one person who has permission to take your child from our care center:

Name: _____	Name: _____
Daytime Phone: _____	Relationship: _____

Name: _____	Name: _____
Daytime Phone: _____	Relationship: _____

Who will care for your child if he/she contracts a communicable illness?

Name: _____	Name: _____
Daytime Phone: _____	Relationship: _____

Name: _____	Name: _____
Daytime Phone: _____	Relationship: _____

What is your religious affiliation? \_\_\_\_\_

Do you attend or are a member of a church?  Ascension Lutheran Church  Other  None

If other, where do you attend? \_\_\_\_\_

Has your child been baptized?  Yes  No

Does your child attend Sunday School?  Yes  No

How did you hear about us? \_\_\_\_\_

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**Full Day Students Only**

Does your child have previous experience in a child care setting?  Yes  No

Last center attended (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_