

Please return completed application to:

Superintendent's Office  
315 W. Grand  
Hinton, IA 51024

# Hinton Preschool

## Application Form

Today's date \_\_\_\_\_

Registering for the 20 \_\_\_\_ - 20 \_\_\_\_ school year.

### STUDENT'S INFORMATION

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child's Primary Home Address \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Gender:  Male  Female Age of child: \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Health Insurance -- Name of Company: \_\_\_\_\_

### SCHEDULE

Preschool & Daycare  A.M. Preschool Only

Estimated Drop Off Time: \_\_\_\_\_ Estimated Pick-Up Time: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell#:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell#:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

## SIBLINGS

Name

Gender

Age

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## OTHER HOUSEHOLD MEMBERS

Name

Relationship to Child

Gender

Age

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## OTHER HOUSEHOLD INFORMATION

Parent's Marital Status:  Married  Separated  Divorced  Single  Deceased

Is there a divorce or custody situation that we should be aware of? \_\_\_\_\_

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If yes, please explain: \_\_\_\_\_

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What is your child's favorite indoor activity: \_\_\_\_\_

What is your child's favorite outdoor activity: \_\_\_\_\_

Please list any other household situations that our staff should be aware of while working with this child: \_\_\_\_\_

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**PLAY, SOCIALIZATION, AND EMOTIONAL DEVELOPMENT:**

How does your child get along with other children?

- Excellent    Good    Fair    Poor    Unsure

What other group experience has your child had (check all that apply, leave blank if none)?

- None    Pre-School/Head Start    Sunday School    Other

How does your child show affection? \_\_\_\_\_  
\_\_\_\_\_

Does your child usually accept new people easily?  Yes    No    Unsure

What nervous habits does your child exhibit (if any)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When does your child usually show these nervous habits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears?  Yes    No

If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

## Physical Development/Health History:

Does your child have any food dislikes or eating problems?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's usual waking time? \_\_\_\_:\_\_\_\_ AM

Child's usual bedtime? \_\_\_\_:\_\_\_\_PM

Does your child currently nap at home?  Yes  No

Approximate Time(s) and length of nap(s): \_\_\_\_\_

Does your child have any physical handicaps / impairments?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have ongoing health conditions or problems?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication(s)?  Yes  No  
*\*\* other than over-the-counter medications \*\**

If so, please list name of medication(s) and reason for taking: \_\_\_\_\_  
\_\_\_\_\_

Does your child have allergies?  Yes  No

If so, list allergens and typical reaction to these: \_\_\_\_\_  
\_\_\_\_\_

Is your child receiving any professionally prescribed treatment?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Illnesses your child has had:

Chicken Pox    Measles    Scarlet Fever    Mumps    Other

What technique(s) are used to discipline your child? \_\_\_\_\_

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What is your child's usual reaction to discipline? \_\_\_\_\_

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Please give any further information which you feel would help us better understand your child:

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Are you willing to volunteer or help in any way?  Yes  No

*\*\* field trips, cutting materials, etc. \*\**

Please provide any additional information you feel will help us meet your child's needs while in our care.

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## Emergency Contact Information

List any persons to be contacted in the event of an emergency and none of the parents are able to be reached.

*NOTE:* Please only use local contacts for pick-ups.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

## Tuition and Fees

Registration fee: \$30.00

\$110 Weekly Rate Full Time       \$50 Weekly Rate Part Time (4 Year Olds Only)

Summer Program (check to indicate summer attendance) - rates to be determined

If not attending summer, \$50 holding fee

## AGREEMENT

By signing below, I acknowledge the following:

1. I have read the Hinton Preschool Handbook and I understand and agree with the policies, procedures and regulations set forth in the handbook. Specifically, but not limited to, the discipline Policy, Payment Policy and Fee Schedule. In addition, in the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the Administrator or Director consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.
2. All employees of Hinton Preschool are mandated reporters and are legally obligated to notify Department of Health and Human Services in the event a situation arises that may be questionable.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I also agree to provide Hinton Preschool with updated information as needed while my child is in care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



