



# Azalea Gardens Preschool



## 2025-2026 Enrollment/Registration Application

### Child Information

Child's Full Name \_\_\_\_\_ Child's Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**ALLERGY ALERT:** Does your child have allergies? Yes No *\*If yes, please complete an allergy care plan.*

### Hours of Care Needed:

### Days of the Week Needed:

☐ Full Day

☐ Half Day AM

☐ Monday ☐ Wednesday

☐ Other: \_\_\_\_\_

☐ Half Day PM

☐ Tuesday ☐ Thursday

### Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Other Parent/Guardian Information (if applicable)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Required Emergency Contact #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### Required Emergency Contact #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### Authorized Pick Ups

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## Medical Contact Information

Doctor Name \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_  
Medical Facility \_\_\_\_\_ Insurance/Health Coverage \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

## Child Medical Information

Does your child have any special needs (IEP, SpEd, etc)? ☐Yes ☐No

*\*If yes, complete a **written care plan** with provider.*

Does your child have any chronic health issues or specific care needs? ☐Yes ☐No

*\*If yes, complete a **written care plan** with provider.*

Does your child regularly need medication, or have medication prescribed for continuous, long-term use? ☐Yes ☐No *\*If yes, why?: \_\_\_\_\_*

## Parent/Guardian Authorizations

- My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision: ☐Yes ☐No *\*NOTE: A signed permission slip is required for all field trips out of the neighborhood.*
- My child may use sunscreen: ☐Yes ☐No
- My child may be photographed/video recorded for publicity or social media purposes: ☐Yes ☐No
- I have reviewed a copy of this child care facility's current license certificate: ☐Yes ☐No
- I have received a written copy of the program's childcare policies (Parent Handbook): ☐Yes ☐No
- **In an emergency**, the childcare facility has my permission to call an ambulance or transport my child to any available physician/hospital at my expense to obtain medical treatment: ☐Yes ☐No  
*\*NOTE: In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ANNUAL REVIEWS and/or UPDATES:** Azalea Gardens Preschool must have the parent or guardian review, update, and initial the enrollment form at least annually. ***Please date and initial below anytime the enrollment information is reviewed and/or updated.***

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

# Medical Authorization for Non-Prescribed Medications

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

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen ☐ Yes ☐ No

Antibiotic cream ☐ Yes ☐ No

Antihistamine ☐ Yes ☐ No

Antiseptic wipes/gel ☐ Yes ☐ No

Baby Lotion ☐ Yes ☐ No

Baby Oil ☐ Yes ☐ No

Baby Powder ☐ Yes ☐ No

Cough Syrup ☐ Yes ☐ No

Diapering Ointment ☐ Yes ☐ No

Diaper Wipes ☐ Yes ☐ No

Hydrocortisone ☐ Yes ☐ No

Ibuprofen ☐ Yes ☐ No

Insect Repellent ☐ Yes ☐ No

Lip Balm ☐ Yes ☐ No

Rash Ointment/Cream ☐ Yes ☐ No

Saline Nose Drops ☐ Yes ☐ No

Shampoo ☐ Yes ☐ No

Sunburn Ointment ☐ Yes ☐ No

Sunscreen ☐ Yes ☐ No

Teething medications ☐ Yes ☐ No

Toothpaste ☐ Yes ☐ No

Petroleum Jelly ☐ Yes ☐ No

Other:

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PARENT/GUARDIAN SIGNATURE

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DATE