



# Selah Early Learning Academy 2019-2020 Student Enrollment Form



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Email Address \_\_\_\_\_  
Did your child attend school previously? \_\_\_\_\_  
If so where? \_\_\_\_\_

## PARENT/GUARDIAN'S INFORMATION

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Cell # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_  
Place of Work? \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Cell # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_  
Place of Work? \_\_\_\_\_

## EMERGENCY CONTACTS & AUTHORIZED PICK-UPS

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Cell # \_\_\_\_\_ Can also pick-up your child? \_\_\_\_ Yes \_\_\_\_ No  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Cell # \_\_\_\_\_ Can also pick-up your child? \_\_\_\_ Yes \_\_\_\_ No

*Please include any friends, family, babysitters that may be picking-up your child. **We require pre-notification** before releasing your child to any new/unknown person to us. We offer **AUTHORIZED PICK-UP FORMS** if you need to make any changes to the above information. A **PHOTO ID** is always required before releasing your child to someone new*

## SHARE YOUR CHILD WITH US

What are your child's greatest strengths? \_\_\_\_\_

\_\_\_\_\_

What works at home to connect with your child?

\_\_\_\_\_

\_\_\_\_\_

Through which mode does your child learn best (tactile, verbal, auditory, or visual)?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs and/or a diagnosis? Please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child have fears, phobias or special behaviors?

\_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION

Does your child have any food or other known allergies, asthma, diabetes, arthritis? Please list in detail, including what the reaction or symptoms may look like and include any potential treatment while at school.

\_\_\_\_\_

\_\_\_\_\_

Does your child require an EPI-PEN, inhaler, insulin, or medication while at school?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have a FARE plan from his/her physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No