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## Child Record and Registration Form

**Please Fill in ALL of the blanks.**

Child's Name \_\_\_\_\_ Gender: M/F Today's date \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Last Enrollment Date: \_\_\_\_\_

I'm Enrolling My Child For The Following Session:

T/TH 8:30-11:30 AM (\$150) M/W/F 8:30-11:30 AM (\$175) M/T/W/TH 12:30-3:30 PM (\$225)

### **PARENT/GUARDIAN CONTACT INFORMATION**

#### **MOTHER**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

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

#### **FATHER**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

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

Student Lives With: Mother/Father/Both Parents (please circle)

**PERSONS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL (OTHER THAN PARENT/GUARDIAN LISTED)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Persons listed will need to show a valid driver's license before child will be released to him/her.

**EMERGENCY CONTACTS:**

**Persons listed will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_

**CONSENT TO CONTACT PHYSICIAN IN EMERGENCY**

In the event that I cannot be reached to make arrangements, I hereby give my consent to Here We Grow Preschool to contact Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ and, if  
necessary, take my child to the following doctor(s), clinics, or  
hospital \_\_\_\_\_  
\_\_\_\_\_

**\*PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICATION COMPETENCY STATEMENT**

**See the "Here We Grow Handbook" for procedures and policies pertaining to medication.**

I, \_\_\_\_\_ (Parent/Guardian Name) have determined  
\_\_\_\_\_ (Provider/Director) competent to give or apply medication to my  
child.

**\*PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

## HELPFUL FAMILY/STUDENT INFORMATION

Siblings and/or Others Who Live In The Home

Grade/Age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does Your Child Have Any Allergies?: Yes/No

If Yes, Please List: \_\_\_\_\_

Does Your Child Take Any Medication?: Yes/No

If Yes, Please List: \_\_\_\_\_

Are There Any Special Concerns You Would Like To Share Regarding Your Child's Health And Wellbeing? \_\_\_\_\_

\_\_\_\_\_

Activities Your Child Should NOT Participate In? \_\_\_\_\_

Company Providing Health and/or Accident Insurance Coverage: (optional) \_\_\_\_\_

Has Your Child Ever Attended Another Preschool/Daycare?: Yes/No

If Yes, Where and When?: \_\_\_\_\_

How Did You Hear About Here We Grow Preschool? \_\_\_\_\_

\*If Referred By Someone, Please Include His/Her Name.

\*While it is preferred, it is not mandatory that your child be toilet trained before enrolling at Here We Grow.

Does Your Child Carry Out The Bathrooming Routine?: Yes/No    Independently/With Help

How Does Your Child Indicate That He/She Needs To Use The Bathroom?

\_\_\_\_\_

What Are Some Daily Routines That You And Your Child Enjoy Doing Together?

\_\_\_\_\_

\_\_\_\_\_

What Does Your Child Love? \_\_\_\_\_

Is There Anything That Scares Your Child? \_\_\_\_\_

What Else Would You Like To Share About Your Child? (communication, pictures, successful or challenging routines, discipline, hopes you have for your son or daughter, special family traditions, etc...)

### **Consents (please initial each)**

\_\_\_\_\_ Yes, my child may be photographed for classroom purposes (creating books, bulletin boards, class newsletters, slideshows, artwork, etc...).

\_\_\_\_\_ Yes, my child may be videotaped for classroom purposes (class dvd's and slideshows).

\_\_\_\_\_ Yes, my child may be photographed/videotaped for marketing purposes (brochures, website, Facebook page, neighborhood publications).

\_\_\_\_\_ Yes, my child may take walks in the neighborhood with the class accompanied by supervised adults.

\_\_\_\_\_ I understand that as long as my child is enrolled at Here We Grow Preschool, during the school year or Summer Camp Program, I am responsible to pay tuition (as outlined in the Here We Grow Handbook) each month. Tuition rates will be the same regardless of inclement weather closings, absences, vacations, and holidays.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Transportation Permission**

I hereby give Here We Grow Preschool permission to transport or arrange for transportation for special events for my child, \_\_\_\_\_ (Child's Name).

I understand that preschool staff will ensure that my child is secured in a safety restraint at all times the vehicle is in motion.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

## Certificate of Immunizations

<u>First Name:</u>		<u>Last Name:</u>		<u>Date of Birth:</u>		
PCV 1 / /	DTaP 1 / /	IPV 1 / /	HIB 1 / /	HEP-B 1 / /	MMR 1 / /	VAR 1 / /
PCV 2 / /	DTaP 2 / /	IPV 2 / /	HIB 2 / /	HEP-B 2 / /	MMR 2 / /	VAR 2 / /
PCV 3 / /	DTaP 3 / /	IPV 3 / /	HIB 3 / /	HEP-B 3 / /		
PCV 4 / /	DTaP 4 / /	IPV 4 / /	HIB 4 / /	<b>***REFUSAL:</b> ( ) Copy of Immunization Refusal Form <u>must</u> be included with this report.		
	DTaP 5 / /			<b>***VARICELLA:</b> ( ) Copy of Varicella Disease Verification Form <u>must</u> be included with this report.		

**PCV** – Includes PCV7 or 13, (Pevnar) and PPV23

**DTaP** – Includes DtaP and DTP (Diphtheria, Tetanus, Pertussis)

DT (Diphtheria, Tetanus – Pediatric)

Td (Tetanus, Diphtheria – Adult)

**IPV** – Includes OPV (Oral Polio Vaccine)

IPV (injectable Polio Vaccine)

**HIB** – Haemophilus Influenzae Type B

**Hep B** – Hepatitis B

**MMR** – Measles, Mumps, Rubella

**VAR** – Varicella VZV

**\*\*\*Refusal:** If for any reason you have refused any or all of the above immunizations, please request a refusal form from your childcare director.

**\*\*\* Varicella:** Please request the Copy of Varicella Disease Verification Form form ONLY if your child HAD the Chickenpox Disease.

I certify that the above information is correct to the best of my knowledge.

**GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_