

Metro United Way Agency

WHAS Crusade Recipient

DORMAN PRESCHOOL CENTER  
P.O. Box 853  
Shelbyville, Kentucky 40066  
(502) 633-2760

**Enrollment Questionnaire**

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

**A. GENERAL INFORMATION**

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

Name Used in Home \_\_\_\_\_

Birth Date \_\_\_\_\_ S.S. # \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Email address \_\_\_\_\_

Child Lives with: \_\_\_\_both parents \_\_\_\_mother \_\_\_\_father \_\_\_\_foster parents \_\_\_\_other

Is either parent a stepparent? Yes \_\_\_\_No \_\_\_\_ If yes, give name \_\_\_\_\_

Language/mode of communication used in the home: \_\_\_\_\_

Marital status of parents: \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Separated \_\_\_\_Single

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Please list name and age of all persons living in the home:

Name	Age	Sex	Relationship
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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## B. EMERGENCY INFORMATION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to act in event of medical emergency other than parent:

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

Address and Phone \_\_\_\_\_

(Emergency medical release forms must be signed & on file at center)

## C. MEDICAL INFORMATION

Indicate all that apply with dates if known:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Flu \_\_\_\_\_

Ear Infections \_\_\_\_\_ Allergies \_\_\_\_\_ Convulsions \_\_\_\_\_ Other \_\_\_\_\_

Has child been hospitalized? \_\_\_\_\_ If yes please list \_\_\_\_\_

Has your child ever been enrolled in First Steps? \_\_\_\_\_ If yes, please indicate areas of services \_\_\_\_\_

Does your child have evidence of any of the following?

Hearing Loss or Difficulties Yes \_\_\_\_\_ No \_\_\_\_\_

Vision Difficulties Yes \_\_\_\_\_ No \_\_\_\_\_

Speech Difficulties Yes \_\_\_\_\_ No \_\_\_\_\_

Motor Difficulties Yes \_\_\_\_\_ No \_\_\_\_\_

## D. HEALTH AND DEVELOPMENT

\_\_\_\_\_ Natural \_\_\_\_\_ Weight of child at birth

\_\_\_\_\_ Adopted

### Pregnancy

\_\_\_\_\_ Normal

\_\_\_\_\_ Falls

\_\_\_\_\_ Excessive Bleeding

\_\_\_\_\_ Blackouts

\_\_\_\_\_ Toxemia

\_\_\_\_\_ Emotional Stress

\_\_\_\_\_ Lack of Prenatal Care

\_\_\_\_\_ Alcohol/Drug Use

### Delivery

\_\_\_\_\_ Normal

\_\_\_\_\_ Spontaneous

\_\_\_\_\_ Induced

\_\_\_\_\_ Cesarean

\_\_\_\_\_ Breech

\_\_\_\_\_ Unusually Long Labor

\_\_\_\_\_ Premature

\_\_\_\_\_ Overdue

### Condition of Infant at Birth

\_\_\_\_\_ Normal

\_\_\_\_\_ Birth Injury/Defect

\_\_\_\_\_ Jaundiced

\_\_\_\_\_ Breathing Problem

\_\_\_\_\_ Lack of Oxygen

\_\_\_\_\_ Other: \_\_\_\_\_

When did your child begin:

Walking (average 12 – 15 months) \_\_\_\_\_

Toilet Training (average 24 – 30 months) \_\_\_\_\_

Using short phrases (2 or 3 words) (average age 2 years) \_\_\_\_\_

Using short sentences (5 or 6 words) (average 24 – 30 months) \_\_\_\_\_

Does your child wear: \_\_\_\_\_ prescription glasses/contacts \_\_\_\_\_ hearing aids?

When was your child's last physical examination? \_\_\_\_\_

What medication is your child taking? \_\_\_\_\_

Child's state of health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Is your child currently receiving professional treatment (psychological or medical) of any kind?

Has your child had any of the following? (If yes, please describe)

YES NO

\_\_\_\_\_ Traumatic experience (death, accidents, divorce) \_\_\_\_\_

\_\_\_\_\_ Nervous habits \_\_\_\_\_

\_\_\_\_\_ Severe illnesses \_\_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_\_ Allergies (Foods) \_\_\_\_\_

\_\_\_\_\_ Allergies (other) \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_\_ Seizures or convulsions \_\_\_\_\_

\_\_\_\_\_ Physical limitations \_\_\_\_\_

\_\_\_\_\_ Hearing problems \_\_\_\_\_

\_\_\_\_\_ Vision problems \_\_\_\_\_

\_\_\_\_\_ Speech/Language problems \_\_\_\_\_

\_\_\_\_\_ Head injuries \_\_\_\_\_

\_\_\_\_\_ High or prolonged fevers \_\_\_\_\_

\_\_\_\_\_ Surgery \_\_\_\_\_

\_\_\_\_\_ Hospitalizations \_\_\_\_\_

\_\_\_\_\_ Childhood diseases \_\_\_\_\_

\_\_\_\_\_ Nightmares \_\_\_\_\_

\_\_\_\_\_ Bed wetting \_\_\_\_\_

Is your child currently on any special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

## **E. INTEREST AND ACTIVITIES**

What are some of your child's favorite activities? \_\_\_\_\_

Does your child have friends of his/her own age? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, are friends usually \_\_\_\_\_ Older \_\_\_\_\_ Younger?

Describe social opportunities and development (church involvement, team sports, clubs, involvement with family, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Check the characteristics which describe your child.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Happy                 | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Distractible          |
| <input type="checkbox"/> Cries easily          | <input type="checkbox"/> Respectful        | <input type="checkbox"/> Overexcited easily    |
| <input type="checkbox"/> Tantrums              | <input type="checkbox"/> Shy               | <input type="checkbox"/> Fails to finish tasks |
| <input type="checkbox"/> Athletic              | <input type="checkbox"/> Moody             | <input type="checkbox"/> Depressed             |
| <input type="checkbox"/> Friendly              | <input type="checkbox"/> Aggressive        | <input type="checkbox"/> Sulks and pouts       |
| <input type="checkbox"/> Argues, quarrels      | <input type="checkbox"/> Overactive        | <input type="checkbox"/> Lacks self-confidence |
| <input type="checkbox"/> Rapid mood swings     | <input type="checkbox"/> Fights            | <input type="checkbox"/> Modest                |
| <input type="checkbox"/> Unusual fears         | <input type="checkbox"/> Restless          | <input type="checkbox"/> Hits others           |
| <input type="checkbox"/> Gets along with peers | <input type="checkbox"/> Teases others     | <input type="checkbox"/> Impulsive             |
| <input type="checkbox"/> Short attention span  | <input type="checkbox"/> Helpful           | <input type="checkbox"/> Listless              |
| <input type="checkbox"/> Has many fears        | <input type="checkbox"/> Others:           |  |
- 

**F. FAMILY DYNAMICS**

What are your present concerns about your child (academics, health and behavior)?

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What would you most like us to know about your child?

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What significant changes have there been in the family status?

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Which adult/parent would your child prefer to talk with about a problem? \_\_\_\_\_

What is your child's relationship with his/her brothers and sisters? \_\_\_\_\_

What other adults have an important part in raising your child? \_\_\_\_\_

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What responsibilities does your child have at home? \_\_\_\_\_

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What time does your child go to bed? \_\_\_\_\_

How well does your child sleep? \_\_\_\_\_

How much T.V. does your child watch daily? \_\_\_\_\_

What are your child's favorite T.V. shows? \_\_\_\_\_

Does your child have a favorite toy? \_\_\_\_\_

Are there any special traditions, celebrations, or songs that are especially important to your family and your child? \_\_\_\_\_

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How would you like us to support your family's values and culture at school? \_\_\_\_\_

How can I learn more about your heritage and culture? \_\_\_\_\_

Are you willing to share something about your family's heritage with the program? \_\_\_\_\_

If there is other information we need to know concerning your child that is not listed on this application, please use the bottom of the page to explain.

Signature of person filling out form \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

Please answer as completely as possible and return to:

Thank You  
Laurie Cottrell

**PERSONS AUTHORIZED TO ACT IN EMERGENCIES FOR PARENT:**

PARENTS: We need you to list the name of persons who are authorized to pick your child up from the Center. Children will not be released to anyone not listed unless a written, dated note is received or a call to the Center is made. Please make the staff aware of any changes.

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**\*HOURS OF OPERATION**

I understand that the Dorman Preschool Center is open from 7:00 a.m. to 5:30 p.m. My child has to be dropped off between the hours of 7:00 a.m. & 9:00 a.m. I understand that my child will not be accepted for class if we arrive after 9:00 a.m. I also understand that my child has to be picked up by 5:30 p.m. and that at 5:31 p.m. there will be a \$2.00 per minute late pick up fee. **I understand my child cannot be left for more than 10 hours in childcare.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

DORMAN PRESCHOOL CENTER  
P.O. Box 853  
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(502) 633-2760

**Transportation Information Sheet**

Parent or Guardian, please fill out & return to Center  
Please notify us of any changes in information during the school year.

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The Dorman Preschool Center has permission to provide transportation to and from class and on scheduled field trips and activities for the child named below:

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

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Name of person who will be responsible for meeting the van:

\_\_\_\_\_

Name of other persons authorized to meet your child in your absence:

\_\_\_\_\_

Emergency Contacts & Phone Numbers:

\_\_\_\_\_

Signature of person filling out form: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Area of Town: \_\_\_\_\_

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**Transportation Policy:**

I give the Dorman Center permission to provide transportation for my child to and from the program and on scheduled field trips. (Notice will be sent prior to each trip.) I understand that I am responsible:

- for getting my child to and from the van, (driver is not to leave vehicle unattended)
- for notifying Center if my child is not to be picked up,
- for notifying Center of any change of location for pick-up and drop-off
- for having a current number on file at all times for notification of any emergencies or change of scheduling concerning transportation.

The Center will make every effort to ensure the safety of your child, while in our care on the van.

The Center will make every effort to observe the time schedule for pick-up and drop-off.

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**MEDICAL RELEASE FORM  
PERMISSION FOR EMERGENCY TREATMENT**

This is to certify that I give permission for my child:

\_\_\_\_\_  
Current Age \_\_\_\_\_

to receive any medical and emergency treatment deemed necessary in the event of illness or accident while in the care of staff at Dorman Preschool Center. I give the Dorman Preschool Staff permission to make a decision concerning emergency treatment until I can be reached.

- I understand that I will be notified as soon as possible if such occurs.
- I agree to keep the center informed of an emergency phone number where I can be reached at all times.
- In signing this form I release from liability the Dorman Staff/Therapists:

Person Signing Form \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

**OTHER INFORMATION**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Card/Insurance # \_\_\_\_\_

Known allergies \_\_\_\_\_

Medical Problems/Current Medications \_\_\_\_\_

\_\_\_\_\_  
Date of last immunization for tetanus \_\_\_\_\_



**DORMAN PRESCHOOL CENTER**  
**PARENT RELEASE FORM**

I \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_, give my permission for my child or myself to be  
interviewed, photographed and/or have video's taken for the purpose of publicity of the Dorman Preschool  
Center program and internal training of staff and parents.

Parent/Guardian Signature: \_\_\_\_\_

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

DATE: \_\_\_\_\_

RECIPIENT NAME: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

**Metro United Way Promotional Release Form**

I agree to an interview, an audiovisual recording, or to have photographs taken of me by person or persons authorized by Metro United Way for use by Metro United Way. I authorize the release and distribution of information concerning my activities at the agency, including my photographs of audiovisual recording, to the news media for the promotional use of Metro United Way with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
(If there are no restrictions, write "none")

I release Metro United Way, its personnel, and any other persons from any liability connected with the taking or use of such photographs, interview, or audiovisual recording. I grant this authorization and release because I favor the promotion of Metro United Way and its agencies' services. This agreement fully represents all terms and considerations; no other inducements, statements, or promises have been made to me.

Name of Minor \_\_\_\_\_

Other \_\_\_\_\_

I give consent for the minor/other.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Relationship to minor/other

\_\_\_\_\_  
(Address)

# PARENT/GUARDIAN TO REVIEW CHILD'S FILE

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
\_\_\_\_\_ understand that while she/he is enrolled in the Dorman Preschool  
Center, I have the right to review her/his records at anytime during the year, upon my request.

Parent/Guardian Signature: \_\_\_\_\_

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

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**PARENT REPORT**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Strengths

Needs

What do you want your child to learn next year?

What are your long term goals for your child?

What are your hopes and dreams for your child?

Are there any concerns about which we should know?

What types of services do you feel your child needs?

**Field Trip Permission  
For  
Walking Field Trips at Clear Creek Park**

I hereby give permission for \_\_\_\_\_(child's name) to leave school premises under the supervision of Staff Members for nature walks and walking field trips to the park playgrounds, ball fields, tennis courts, nature and walking trails and family activity center gym at the Clear Creek Park. All field trips outside the park will be written up on a separate field trip permission slip.

Parent's Signature: \_\_\_\_\_

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

# PARENT PERMISSION FOR ASSESSMENTS/SCREENINGS

I give my permission for \_\_\_\_\_

(Child's Name)

to have an age appropriate assessment and/or screening. These will be used to

help individualize instruction for your child.

Parent Signature: \_\_\_\_\_

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

Dorman Preschool Center  
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**Permission for Pictures on Website/facebook**

I, \_\_\_\_\_, do or do not give permission  
for Dorman Preschool to publish a picture of my child, \_\_\_\_\_  
\_\_\_\_\_, on the Dorman Preschool website or facebook  
pages.

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

\_\_\_\_\_  
Date



## Dorman Preschool Sunscreen Permission Form

I give Dorman Preschool personnel permission to apply sunscreen to my child, \_\_\_\_\_.

1. Brand of sunscreen: \_\_\_\_\_
2. SPF: \_\_\_\_\_
3. Beginning on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Not to exceed one year)
4. I ask that the staff put sunscreen on (circle one) all sun exposed areas/face only/body only/ other \_\_\_\_\_.

All sunscreen will be in the original container, with a valid expiration date, labeled clearly with the child's name, and given directly to one of the staff.

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

\_\_\_\_\_  
Date



## Required Forms for Enrollment

The following forms are required for enrollment:

- Student application completed
- Pay agreement
- USDA Food forms completed
- Commonwealth of Kentucky Immunization Certificate that is up to date

Within 30 days the following forms are required:

- Kentucky Eye Exam (3 years & up)
- Copy of latest well check
- Copy of Birth Certificate

# Permission for Pets in Dorman Preschool

I \_\_\_\_\_parent/guardian of  
\_\_\_\_\_understand that while my child  
is enrolled in the Dorman Preschool they may be exposed to pets in  
the center and I hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_

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