

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

Information Update Only: \_\_\_\_\_



# UNITY PRESCHOOL 2023-2024 SCHOOL YEAR



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## Registration Form

Child: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_

Full name of Parent/Guardian : \_\_\_\_\_ Email \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

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

Full name of Parent/Guardian: \_\_\_\_\_ Email \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

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

### Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

Note: attach a copy of the immunization.

If not up to date, please explain: \_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Check (✓) any of the following illnesses the child has had:

Asthma     Earaches     Mumps     Whooping Cough     Bronchitis

Eczema     Pneumonia     Polio     Chicken Pox     Frequent Colds

Croup     Convulsions     Measles     Influenza     Rheumatic Fever

Diphtheria     Tonsillitis     Other: \_\_\_\_\_

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

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Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

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Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

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Has your child ever been tested for the above? Yes ( ) No ( )

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Please comment on any other medical information/or special need the child care provider should be aware of:

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## Medication and Emergency Care Authorization

I authorize **UNITY PRESCHOOL EVANSTON STAFF and/or EMPLOYEES** to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.

Yes No I authorize use of children's cough syrup, strips or (cough drops as appropriate for age).

Yes No I authorize use of children's allergy or cold medicine for runny or stuffy nose.

Yes No I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize **UNITY PRESCHOOL EVANSTON STAFF and/or EMPLOYEES**

to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: \_\_\_\_\_

## Transportation Authorization

I authorize my child to be transported by **UNITY PRESCHOOL EVANSTON STAFF and/or EMPLOYEES** to and from excursions, including but not limited to, school, bus stop, store, playground, and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child's age and weight. Children will not be left unattended in any vehicle.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

## Photo Authorization

Photographs and videos are taken on separate occasions such as outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to **UNITY PRESCHOOL EVANSTON STAFF and/or EMPLOYEES** to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

**In Addition:**

I give permission for photos/videos to be posted on our Facebook, Instagram, Class DoJo, our school's website or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

I do NOT want any photos/videos taken of my child.

Please share any additional information about your child in the space below:

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

**ADVERTISEMENT**

Drive-by Sign  
Website/Facebook/Other  
Flyer  
Newspaper  
Event-

**REFERRAL**

Parental Referral: \_\_\_\_\_  
Center Referral: \_\_\_\_\_  
Friend/Neighbor: \_\_\_\_\_  
Subsidy Program Referral  
USDA Food Program Referral