



Serendipity

Christian Learning & Development Center
At Westminster Presbyterian Church

119 Stadium Dr. Boardman, OH 44512
330-758-4513, serendipityps.com

Registration paid: _____

Date of Admission: _____

Name of Child: _____ Nickname: _____

Date of Birth: _____ Male/Female: _____

Age as of September 30: _____ Home Phone: _____

Home Address: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Mother's Home Phone: _____ Cell Phone: _____ Work: _____

Father's Home Phone: _____ Cell Phone: _____ Work: _____

Email address: _____

Marital Status of Parents: _____ Custodial Parent: _____

Custody/visitation arrangements: _____

Non-custodial Parent's address: _____

Siblings of the Child:

Name: _____ Age: _____ Grade in School: _____

Name: _____ Age: _____ Grade in School: _____

Name: _____ Age: _____ Grade in School: _____

Other members of the household: (include relationship): _____

*In the event reasonable attempts to contact me at _____ have been unsuccessful, please contact _____ at _____.

If both parents are away from home during the day, please state arrangements for the child's care when he/she is not at school:

Who cares for your child other than you?

Has your child had group play experience? _____ Where: _____

Does your child have neighborhood or regular playmates? _____ Specify: _____

(Over)

Health

Was your child a premature birth or a difficult birth? _____

Does your child have frequent colds? _____ Ear infections? _____

Stomach aches? _____ Vomits easily and what causes it? _____

Does your child have Asthma? ____ Do you have an Asthma plan? ____ (Please attach a copy)

*Is your child allergic to anything? _____ If so what and how does it usually manifest itself? _____

Has your child ever been to the ER? _____ For what: _____

Has your child ever been hospitalized, for what and for how long? _____

Has your child been to the dentist? _____ Eye Doctor? _____ Hearing tested? _____

Wear corrective shoes? _____ Were there any problems we should know about? _____

Please write a statement about your child's overall health. _____

Does your child dress self? _____

Are there any speech problems? _____

Are there any other problems or concerns we should know about here at school? _____

Behavior

Does your child have any special fears? _____

What method of behavior is used in your home or anywhere else your child is taken care of? _____

What is your child's usual reaction? _____

_____ Yes, I wish to have information on a parent roster.

_____ No, I do not wish to have any information on a parent roster.

Please list what information you would permit on a parent roster (names, address, phone number). _____

How did you hear about our center? _____

Have you visited our website serendipityps.com? _____