



~ Love for God & Others, Joy in All Things, Truth found in the Bible ~

### APPLICATION FOR ENROLLMENT

#### STUDENT INFORMATION

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

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Primary Parent/Guardian

*\*Please be sure to include an email address for all listed parents/guardians as e-mail is a main source for important communication.*

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Secondary Parent/Guardian

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### EMERGENCY CONTACT PERSON(S)

You (parent/guardian) are required to list at least one person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

I hereby give permission for the staff of Trillium Christian Nature Preschool to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Sara Ladzinski as soon as possible regarding any emergency involving my child.

I/We, \_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s) Date Signed

### MEDICAL DETAILS

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier or Plan name: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Please list any of your child's chronic conditions, allergies, medication(s) special dietary requirements, or any other identified special needs/behaviors on the lines below:

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### NON-EMERGENCY ALTERNATE PICK-UP PERSON/S

I/We, \_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s) Date Signed authorize the

following individual(s) to pick up my child from the program on a non-emergency basis.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

## WATER ACTIVITY

Please describe your child's experience in and around water, and whether or not your child is afraid of being in or near the water.

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### ADDITIONAL INFORMATION ABOUT YOUR CHILD

Why are you interested in enrolling your child in Trillium Christian Nature Preschool?

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What kinds of experiences in nature has your child had and what has been his/her response?

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Has your child attended any playgroups, daycares, or preschools? If so, how long and what was their experience?

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Does your child have any special strengths or special needs that would be helpful for me to know about?

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Please list any evaluations your child has had, important medical history and/or services your child is currently receiving or has received previously?

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How would you describe your child? Please address the following areas: social, emotional, physical, cognitive, any fears he or she may have, special interests, sensitivities, and anything else that will help me know your child better. The more you can share with me about your child the easier it can be for me to help them transition, grow, and learn during our time together. All information provided here is confidential.

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How did you hear about Trillium Christian Nature Preschool?

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**NOTE TO PARENT(S) OR GUARDIAN(S):**

The licensing authority for this program is the Bureau of Licensing and Certification, Childcare Licensing Unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location that is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available online or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with

children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I GIVE permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I DO NOT give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:

<https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>

### Contact Information

**Sara Ladzinski, School Director and Lead Teacher**

Sara's Cell Phone (603) 903-2367

[saraladzinski@trilliumchristian.com](mailto:saraladzinski@trilliumchristian.com)

460 Gilsum Mine Road

Alstead, NH 03602

#### For administrative use only:

- |  |   |
|--|---|
| <input type="checkbox"/> Enrollment Form/Date Received _____ | <input type="checkbox"/> Registration Fee/\$ _____      |
| <input type="checkbox"/> Enrollment Contract                 | <input type="checkbox"/> First Tuition Payment/\$ _____ |
| <input type="checkbox"/> Health Form & Immunization Record   | <input type="checkbox"/> Parent Volunteer Questionnaire |



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### PARENT VOLUNTEER QUESTIONNAIRE

Your Name: \_\_\_\_\_ Your Child's Name: \_\_\_\_\_

We have the following parent volunteer needs. Please check the one(s) you would be most interested in helping with.

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| <input type="checkbox"/> Volunteering for Special Events | <input type="checkbox"/> Helping Plan Events     |
| <input type="checkbox"/> Substituting for Teachers       | <input type="checkbox"/> Driving for Field Trips |
| <input type="checkbox"/> Carpentry/Building Projects     | <input type="checkbox"/> Making Snacks           |
| <input type="checkbox"/> Organizing Fundraisers          |  |

1. My special skills/talents are:

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2. I am **usually able** to volunteer on these days and times:

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3. I am **unavailable** during these times:

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4. Other services, goods and/or contributions I can make include:

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***Thank you! We are grateful for your time and talents!***