

# Eastlake Church Children's Center ~ Enrollment Interview Sheet

(This information will help us better serve your child)

**Child's Name:** \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Does your child have any:**

1) Preschool or daycare experience?  
No \_\_\_\_ Yes\_\_\_\_, Where?: \_\_\_\_\_

If you answer Yes to any of the following you may be contacted by our office staff for further information.

2) Difficulty with speech/hearing; physical, emotional or social development?  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_

3) Food allergies?  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_  
*List any signs or symptoms of a reaction:* \_\_\_\_\_

4) Other allergies?  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_  
*List any signs or symptoms of a reaction:* \_\_\_\_\_

5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_

6) Does your child take any prescription medication?  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_  
Does your child need to take this medication at school? Yes\_\_\_\_ No\_\_\_\_  
*(If yes, you will need to fill out a medication authorization form)*

7) Past surgeries?  
No \_\_\_\_ Yes\_\_\_\_ (please list) \_\_\_\_\_  
*List any limitations since surgery:* \_\_\_\_\_

8) Do both parents live in the household?  
No\_\_\_\_ Yes \_\_\_\_  
If no – we will need to be aware of any custody arrangements.  
(Legal documentation is required for any pick up restrictions)

9) How did you hear about our school?  
\_\_\_\_Neighbor/ friend/ relative \_\_\_\_Church services \_\_\_\_Elementary School \_\_\_\_Phonebook  
\_\_\_\_Website \_\_\_\_ Advertisement \_\_\_\_Signage \_\_\_\_Other: \_\_\_\_\_

Do you currently attend EastLake Community Church? \_\_\_\_Yes \_\_\_\_No

Are you a member? \_\_\_\_Yes \_\_\_\_No

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Best Contact Phone #:** (\_\_\_\_) \_\_\_\_\_