

A Little More about Your Child

What does your child enjoy doing? (interests, favorite games, toys) _____

Has he/she had group play experiences? _____

What else would you like us to know about your child? (Special challenges, fears?)

Where will your child attend kindergarten? _____

Do you have a faith community/church home? Yes _____ No _____

If yes, please name _____

How did you learn about Westminster Cooperative Preschool? Website _____ Facebook _____

Friend referral (list who) _____ Other _____

Does the child have any:

Food sensitivities? Yes _____ No _____ If yes, please list _____

Diagnosed allergies? Yes _____ No _____ If yes, Please list _____

_____ EIPEN: Yes _____ No _____

Do you have any health or developmental concerns for your child? Yes _____ No _____ If yes, please explain

Medical Release

I authorize the staff of Westminster Cooperative preschool to obtain emergency medical assistance for _____ if the child's injuries appear to require immediate attention and a parent or guardian cannot be reasonably located.

Date _____

Parent/Guardian Signature

Background Checks

All adult volunteers are required to enroll in the Central Background Registry of the Oregon Department of Early Learning and Care. Apply online at www.oregon.gov/delc/providers/pages/cbr.aspx