



**Preschool Enrollment Form**

Start Date: \_\_\_\_\_ DHS Certificate #: \_\_\_\_\_  
Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Female  Male  Other  
Child's Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_

Parent/Guardian:  Mother  Father  Grandparent  Guardian  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Female  Male  Other  
Residential Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Living Situation:  Rent  Own  Live with Family/Friend  
Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  Full Time  Part Time  
Active Duty Military/ Veteran:  Yes  No YOUR Annual/Monthly Income: \_\_\_\_\_

Parent/Guardian:  Mother  Father  Grandparent  Guardian  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Female  Male  Other  
Residential Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Living Situation:  Rent  Own  Live with Family/Friend  
Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  Full Time  Part Time  
Active Duty Military/ Veteran:  Yes  No YOUR Annual/Monthly Income: \_\_\_\_\_



Other Household Member:  Child  Sibling  Parent  Other

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female  Male  Other

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Living Situation:  Rent  Own  Live with Family/Friend

Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  Full Time  Part Time

Active Duty Military/ Veteran:  Yes  No YOUR Annual/Monthly Income: \_\_\_\_\_

Other Household Member:  Child  Sibling  Parent  Other

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female  Male  Other

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Living Situation:  Rent  Own  Live with Family/Friend

Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  Full Time  Part Time

Active Duty Military/ Veteran:  Yes  No YOUR Annual/Monthly Income: \_\_\_\_\_

Other Household Member:  Child  Sibling  Parent  Other

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female  Male  Other

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Living Situation:  Rent  Own  Live with Family/Friend

Race/Ethnicity: \_\_\_\_\_ Healthcare Insurance: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  Full Time  Part Time

Active Duty Military/ Veteran:  Yes  No YOUR Annual/Monthly Income: \_\_\_\_\_



### Preschool Financial Agreement

**Rate Per Week:** Five Days: \$170 Four Days: \$136 Three Days: \$102 ( M, Tues, Wed, Thurs, Fri)

- Full payments are due the Friday of each week
- We accept check, money order, debit/credit card, and cash
- There will be a \$20 returned check fee on any checks unable to be cashed
- Two weeks of DHS co-pay & or weekly fees can be waived in a calendar year with prior notification
- Payments will remain the same if child is absent or if the center is closed for inclement weather.

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

**Date:** \_\_\_\_\_

### Preschool Parent's Agreement

1. I agree to the enrollment of my child, \_\_\_\_\_ with the Dr. Martin Luther King, Jr. Community Center Preschool. I agree that The MLKCC Preschool will not be responsible in any case of illness or injury of my enrolled child while in attendance at the facility or in transit to and from the facility
2. I agree that in the case of accident or injury, emergency medical care may be given in the event I cannot be contacted immediately
3. I agree for my child to take part in field trips or excursions under the proper supervision of The MLKCC Preschool staff
4. I agree that I have received and understand The MLKCC Preschool policies and procedures
5. I  **DO**  **DO NOT** give permission to the Dr. Martin Luther King, Jr. Community Center and/or their authorized agents and partners to use photographs, videos, audio of, and attribute direct quotes to my child in their public relations materials and/or other promotional activities without the need for payment, royalties, approval, inspection, or other considerations
6. The MLKCC Preschool policy, for you and your child's protection, is to release your child only to you. If another relative/friend is to pick up your child, you must notify The MLKCC Preschool at (401) 846-4828, or by a note with the name of the person picking up your child followed by your signature
7. I agree that I will be charged a fee of \$1 a minute after closing time of 5:00 pm
8. I will notify The MLKCC Preschool when my child is expected to be tardy or absent
9. I agree that all information will be updated on an annual basis

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

**Date:** \_\_\_\_\_

The Martin Luther King Community Center prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment.



## My Child's Social Relationships

1. Has your child experienced playing with other children?  Yes  No

2. By nature is your child:

Shy  Friendly  Aggressive

3. Describe your child's strengths:

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4. Do you have any concerns about your child?

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5. How does your child show emotion?

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6. How do you discipline your child?

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7. Has your child been separated from either parent?  Yes  No

a. Which parent? \_\_\_\_\_

b. Why was your child separated from this parent?

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8. Has your child attended any other daycare or preschool?  Yes  No

a. If yes, what is the reason for leaving?

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