



# HOOVER PRESCHOOL Enrollment Form 2026-2027



***A current physical and immunization record is required for enrollment.***

**Child Information:**

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Street City Zip (Area Code) Number

**Nickname** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Do you have any speech or language concerns?** \_\_\_\_\_ **Other concerns?** \_\_\_\_\_

**Please explain:** \_\_\_\_\_

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**Parent/Guardian:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Work Place** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent/Guardian:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Work Place** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent marital status:** Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Deceased \_\_\_\_

**Child lives with:** Both \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

**Other children** (Name and age/grade)

\_\_\_\_\_



Please help us get to know your child and family:



Who does your child usually play with? \_\_\_\_\_

What types of group play experiences has your child had? \_\_\_\_\_

What does your child typically do during his/her free time? \_\_\_\_\_

What is your child's favorite toy(s)? \_\_\_\_\_

Does your child have any eating problems or food dislikes? \_\_\_\_\_ If yes, what? \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Waking time? \_\_\_\_\_

How is your child typically disciplined at home? \_\_\_\_\_

What is your goal for your child's preschool experience? \_\_\_\_\_

What is your child expecting to do at preschool? \_\_\_\_\_

Please describe your child's feelings toward starting preschool: \_\_\_\_\_

Does your child accept new people easily? \_\_\_\_\_

Does your family have any special customs or celebrations you would like us to be aware of? \_\_\_\_\_

Do you have any concerns about your child? \_\_\_\_\_ If so, what are your concerns? \_\_\_\_\_

What other information do you think would be helpful to us in understanding your child: \_\_\_\_\_

Childcare Provider Name \_\_\_\_\_ Phone number \_\_\_\_\_

Has your child been seen by a dentist? ☐ Yes ☐ No Approximate dental appt. date \_\_\_\_\_

I would like information on health/dental insurance: ☐ Yes ☐ No





## PARENT EMERGENCY MEDICAL/DENTAL CONSENT FORM



This form must be presented upon admission for treatment.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

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

### Transportation for emergencies:

In the event that my child may require emergency medical/dental care while under the Hoover Preschool Program supervision and I am unable to be reached, I give permission for the transportation of my child for the purpose of getting that care.

### Medical:

In the event that my child (listed above) may require emergency medical/dental and/or surgical care while under the Hoover Preschool Program supervision and I am unable to be reached, I hereby give my consent for medical and/or surgical treatment to \_\_\_\_\_ Hospital and  
Doctor \_\_\_\_\_ or his/her designee to provide care.

Child's Doctor

### Dental:

In the event that my child (listed above) may require emergency dental and/or surgical dental care while under program authority and I unable to be reached, I hereby give my consent for medical and/or surgical treatment to \_\_\_\_\_ Hospital and  
Doctor \_\_\_\_\_ or his/her designee to provide care.

Child's Dentist

### Payment

I agree to pay all costs and fees contingent on any emergency medical/dental care and/or treatment for my child as secured or authorized under this consent. Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
Street City State Zip

Date of Last Tetanus \_\_\_\_\_ Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Policy Holder ID \_\_\_\_\_

This consent will be effective beginning \_\_\_\_\_ and continue while my child is enrolled in Hoover Preschool, West Branch, IA for the 2025-2026 school year.

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date



## Emergency Contacts



Child's Name \_\_\_\_\_

These people may be contacted in an emergency if parents/guardians are unavailable and are authorized to have access to health information about my child. Please make sure there is a local contact.

Name	Work Phone	Home Phone	Cell	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Daycare Provider \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ May we release information to your childcare  
Provider Yes \_\_\_\_\_ No \_\_\_\_\_

This consent will be effective beginning \_\_\_\_\_ and  
continue while my child is enrolled in West Branch Community Schools Preschool, West  
Branch, IA

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**REVIEWED: (initial)**

Fall Conferences \_\_\_\_\_

Winter Conferences \_\_\_\_\_



## HOOVER PRESCHOOL PERMISSION PAGE



Child's Name \_\_\_\_\_

I give consent for:  
(Please initial or check for consent)

### PHOTOGRAPHY:

\_\_\_\_\_ My child to be photographed for local and professional presentations concerning the Hoover Elementary Preschool Program.

\_\_\_\_\_ To have photographs of my child be uploaded and used on the West Branch Community School Website.

\_\_\_\_\_ To have photographs of my child be uploaded and used on the Hoover Preschool Website (available to current families only).

\_\_\_\_\_ To have photographs of my child used in the preschool classroom.

### TRAVEL:

\_\_\_\_\_ My child may walk to the public library and other points of interest in West Branch with his/her preschool class. I understand that 2 or more adults will accompany the class.

### SUNSCREEN:

\_\_\_\_\_ The application of sunscreen on my child from April to October before going outside. Sunscreen must be provided by parents.

### INSECT REPELLENT:

\_\_\_\_\_ When the Public Health Authorities recommend the use of insect repellent due to the high risk of insect borne disease, I give the Hoover Elementary School Preschool Teachers permission to put insect repellent on my child.

### ANTIBIOTIC OINTMENT:

\_\_\_\_\_ The application of antibiotic ointment as needed for cuts and scrapes.

### FILE REVIEW:

\_\_\_\_\_ I give permission for the teachers at Hoover Preschool to review my child's file information and share as is necessary to provide proper preschool programming its contents with those agencies working with the preschool program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## TRANSPORTATION



Child's Name \_\_\_\_\_

How will your preschooler get to school? \_\_\_\_\_

How will your preschooler get home? \_\_\_\_\_

(If you are planning on using the West Branch Community School's bus, you must be on a bus route or be going to a daycare provider on a bus route.)

### HOOVER PRESCHOOL PICK UP PERMISSION FORM

In addition to the parents/guardians listed on the enrollment form, and the Emergency Contacts listed on the Medical Release Form, these people have permission to pick up my child from preschool:

NAME	RELATIONSHIP	CONTACT INFORMATION (PHONE)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**We will not release a child to anyone without written permission from the parent/guardian. So, if they aren't on the list, they can not pick up your child. If there are any changes (Grandparent in town, change in babysitter, etc.) please let the school know in writing.**

#### THESE PEOPLE MAY NOT PICK UP MY CHILD

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