



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: _____

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
