



The Neighborhood Center
Business Address: 344 N. 7th St. Allentown, PA 18102
kberard@theneighborhood-center.org

Child's Name _____

Early Learners Pre-K Program – 8:30 – 11:00 _____

Early Learners Pre-K Program Starts Monday, September 9, 2024

Your child must be 4 by September 1st

Early Learners Pre-K Program Checklist

- Student Registration Form, – Emergency Information, Computer use, Permission to go on a field trip, take and post pictures
- The Neighborhood Center Rules – Must be signed and reviewed with your child
- Notice of Physical Examination
 - o Please Check both sides on all applications

What Your Child must have to attend Early Learners Pre-K Program your child will not be accept if he/she does not have the following

- Proof of Birth Certification
- Proof of Physical
- Proof of Immunizations
- Must live in Allentown – (Allentown School District Area)



Come Explore with us at the Early Learners Pre-K Program
 Permission and Registration Form

School Year 2024-25

8:30 - 11:00 AM

Today's Date _____

Early Learners Pre-K Program

Starts Monday, September 9, 2024, Must be 4 by September 1st

Child's <u>Last Name</u> on Birth Certificate	Child's First Name	Child's Middle Name
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Child's Date of Birth (Month, Day, and Year)	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Residence Information (Informacion de residencia)

Street Address	Apt#	
City	State	Zip Code
Cell Phone	Cell Phone	

Parent Information

Mother's /Guardian Full Name
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Employer Name
Employer Address
E-mail Address

If foster Parent, Name of agency placing the child: _____

Father's /Guardian Full Name
Marital status _____single _____ Married _____ Separated _____ Divorced _____ Widowed
Employer Name
Employer Address
E--mail Address

If foster Parent, Name of agency placing the child: _____

Picking child up from the 4-Year-Old-Program

Who will be picking up your child from the 4-Year-Old-Program

Name	Cell Phone	Relationship

Person (s) with whom the child resides - Others in the household - Adults and Children

Last Name, First, Middle	Birthdate	Sex	Grade (of sibling)

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Place of birth (Lugar de Nacimiento)

City	State	County
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If not born in the United States, date of entry into the United State _____

Mother's age at birth _____

Baby's weight at birth _____

Were there any unusual conditions or problem at birth? (Check all that applies)

_____ Incubator _____ Blood transfusion _____ Premature

_____ Jaundice _____ Breech birth _____ Oxygen at birth

Comments:

Approximate age your child was

Sitting without support _____ Saying single words _____ Crawling _____ Talking in phrases

_____ Walking by self _____ Toilet trained _____ (Must be Potty trained to come to 4

-Year-Old Program)

Comments:

History of infancy and Early childhood (check the following behavior which applies to your child)

_____ Hyperactive _____ short attention span _____ extremely tired/sleepy

_____ temper tantrums _____ unusual fears _____ negative reaction to affection

_____ defiance of authority _____ stuttering _____ difficulty playing with peers

_____ speech is not clear _____ high fevers _____ frequent stumbling or falling

_____ difficulty holding pencil _____ fainting _____ difficulty using scissors
_____ unusual tics or twitches _____ Poor coordination _____ difficulty expressing needs
_____ difficulty dressing self _____ difficulty separating from parent
_____ bed wetting _____ bowel/bladder problems _____ difficulty understanding directions

Comments/Concerns:

Current Medical Conditions

Seizures _____

Health Conditions/Concerns

_____ Diabetes _____ Asthma _____ Heart _____ ADHD _____ other

Special medications prescribed _____ No _____ Yes

Allergies _____ No _____ Yes

If yes, what is your child Allergic to _____

Hospitalizations

Was your child ever hospitalized? _____ No _____ Yes If so, list dates and reasons for hospitalizations

Did your child ever receive a head or back injury _____ No _____ Yes Date _____

Was your child unconscious? _____ No _____ Yes How long? _____

Did your child have a concussion? _____ No _____ Yes

Physician _____ Name of hospital of choice _____

Current Behavior

Does your child still take naps? No _____ Yes _____

Does your child have the opportunity to play with other children? No ___ Yes ___

Has your child developed a hand preference? _____ left _____ right _____ both

How does your child get along with other children in the home? _____

Language (Questionario)

1. What is the student's first language? _____
2. Does the student speak a language(s) other than English ____ No ____ Yes if yes, specify _____
3. What language (s) is spoken at home?

Ethnicity - Choose One

_____ Note Hispanic or Latino

_____ Hispanic or Latino

Race - (Choose All that apply)

_____ Ameri. Indian or Alaskan _____ Asian _____ White

_____ Native Hawaiian/Pacific Islander _____ Black of African American

The undersigned recognizes that children from time to time have accidents despite reasonable care of staff and volunteers. In consideration of the services to be rendered to the undersigned by The Neighborhood Center, the undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby Releases and present and future claims, demands, obligations, liabilities, and rights of action which might be asserted against The Neighborhood Center and any of their employees and volunteers while the undersigned is under the supervision of The Neighborhood Center.

Answer the questions yes or no

_____ My child has my permission to participate in all the activities offered by The Neighborhood Center, whether it is in the Neighborhood Center, Neighborhood Clean-ups, just walking around the neighborhood and or field trips.

_____ The Neighborhood Center has my permission to use or publish any and all photos taken during activities offered through the center. (Grants, Facebook, and Website)

_____ My child has permission to use go on the internet and use the computers.

Parent or Guardian's Signature _____ Date _____



School Year 2024-2025
Parent's Copy

Dear Parents,

Please read through this and sign it at the bottom and review it with your child/children. This must be signed by you for your child to attend The Neighborhood Center. At The Neighborhood Center we are here to provide a safe, positive place for your children. This is a great place for the children to make great memories.

3 Rules here at The Neighborhood Center

1. Keep YOUR hands and YOUR feet to yourself.
2. Listen to Grown-Ups and do your work.
3. Speak softly and nicely to others.

We are teaching children to make good wise choices in their lives for a positive future.

- ✚ If your child hits and gets in a fight they will be suspended for 3 days from the program and if it continues your child will be asked not to come back. This is for the safety of the other children and staff. We will teach children not to hit back or retaliate. We want children to use their words instead of their hands. If a child has a problem with another child, they must communicate with the teacher in charge. Children are responsible for their own actions. If children can't follow the rules, they will have bigger problems in their future. Please encourage your child to use their words instead of actions.
- ✚ Cell Phones are not allowed in The Neighborhood Center. If a cell phone is brought into The Neighborhood Center, it will be collected and given back to the student at the end of the Program. Cell phones brought into The Neighborhood Center can be a distraction for the other students as the students like to play on their cell phones. It is hard for staff to teach during the program if the student will not put away their phones.
- ✚ Children may not bring in outside toys, food, gum or drinks into The Neighborhood Center.

The staff is in charge here at The Neighborhood Center, not your child. If your child cannot follow the rules, then this may not be the best place for your child.

If you have a concern, you may call The Neighborhood Center or e-mail me.

Karen L. Berard
Karen L. Berard
Executive Director

Child's Name _____

Parents Signature _____

Date _____

*Business Address: 344 N 7th St. Allentown, Pa. 18102
610-434-5799 – kberard@theneighborhood-center.org*