

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

**School Year 2025-26**

**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)


**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 States

\_\_\_\_\_

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:

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### **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

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### **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 (Cuestionario)**

1. What is the student's first language?

\_\_\_\_\_

2. Does the student speak a language(s) other than English \_\_\_\_ No \_\_\_\_ Yes  
If yes, please specify:

\_\_\_\_\_

3. What language(s) is spoken at home?

\_\_\_\_\_

Ethnicity - Choose One:

\_\_\_\_\_ Not Hispanic or Latino

\_\_\_\_\_ Hispanic or Latino

Race – (Choose All that apply)

\_\_\_\_\_ American Indian or Alaskan

\_\_\_\_\_ Asian

\_\_\_\_\_ White

\_\_\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_\_\_ Black or 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.

Name of Child:

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Please give your approval by initialing each statement below:

\_\_\_\_\_ As parent and/or legal guardian of the participant named on this Permission and Registration form, I/we hereby grant my/our full consent and approval for my/our child(ren) to participate in the programming and/or field trips offered by The Neighborhood Center. By signing this document, I/we agree to abide by all the rules, regulations, and decisions of the Staff and Board of Directors of The Neighborhood Center.

\_\_\_\_\_ I/we, the undersigned, understand that there are certain risks of injury inherent in participation in Center programming and/or field trips. I/we am/ are willing to assume these risks on behalf of my/our child (ren). In addition to giving my/our full consent for

my/our child(ren)'s participation, I/we do hereby remise, release, forever discharge, waive, absolve, indemnify and agree to hold harmless The Neighborhood Center Staff, Board of Directors and any and all agents, servants, employees or workmen. I/ we, the undersigned, assume all financial responsibility for payment of medical/dental expenses for the named participant(s). The Neighborhood Center organization assumes no liability or costs in the event of injury, death or illness of any kind, due to participation in programming and/or field trips.

\_\_\_\_\_ I/we grant and empower The Neighborhood Center and all its directors, employees, contractors and any other person assigned or acting on its behalf, to act as guardian/spokesman in granting permission for giving of routine medical care and or transportation, emergency treatment/hospitalization as may be deemed necessary, appropriate or beneficial at the time relating to or concerning our child.

\_\_\_\_\_ I/we grant to The Neighborhood Center, its representatives and employees the right to take photographs and videos of participant and their property in connection with the above identified subject(s). I authorize The Neighborhood Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

\_\_\_\_\_ I agree that The Neighborhood Center may use such photographs and videos of participant with or without participant name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_ My child has permission to access the internet when using the Center's computers.

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

The Neighborhood Center  
Business Address: 344 N 7th St. - Allentown, Pa. 18102  
Phone: 610-434-5799  
[kberard@theneighborhood-center.org](mailto:kberard@theneighborhood-center.org)