

Troy Cooperative Preschool
HINTS FOR COMPLETING REGISTRATION FORMS

All forms must be submitted to your Membership Chairperson by August 1st.

FAMILY INFORMATION FORM (Form 1)

The teachers use this form to get to know you and your child. Please fill this out as briefly, but as accurately, as possible.

CHILD INFORMATION CARD Form 2)

Please fill out every line of this card.

1. "Date of Admission" is 9/1/11, and "Date of Discharge" is 6/1/12.
2. Please state "No Allergies" if your child has no allergies.
3. It is mandatory that the father's complete work address and telephone number be provided.
4. Please ensure that "Name of person other than parent to whom child may be released" includes all carpool participants, if applicable.
5. An emergency phone contact is very important. Please write the name of a local person who can be notified in an emergency when you cannot be reached.
6. On the bottom portion of this form, please write "Troy Co-op Preschool" as "Provider's Name" for emergency medical treatment.
7. Please provide the date of the last tetanus shot. This usually corresponds to the date of the last DTP immunization recorded on the immunization record of the health form.

HEALTH APPRAISAL FORM (Form 3)

Section I:

All questions must be completed. Please explain any questions answered "yes" in the space provided immediately below. The parent's signature is required at the bottom of this section.

Section II:

This section can be completed by either the parent or your child's pediatrician's office, but **must be validated with a signature by the pediatrician's office**. Your child's immunization information goes to the state for licensing purposes; therefore, the dates of the inoculations must be exact. Effective January 1, 1997, Michigan state law mandates that all preschool children be immunized for RIB (Haemophilus Influenzae type b) and Hepatitis B. You must also specify the type of vaccine by circling the type as noted on the form.

*If you have waived any vaccinations for medical reasons, your doctor must fill out the Medical Contraindication Form (Form 10).

*If you have waived any vaccinations for other reasons, you must fill out the Immunization Waiver Form (Form 11).

Troy Cooperative Preschool

Section III:

All entries must be completed by your child's pediatrician. If a particular test (e.g. hearing) has not been performed, please mark "no" on the line item.

Section IV:

The pediatrician's name, signature, address, and telephone number must be included in this portion. The pediatrician must answer the two questions posed.

If your pediatrician provides you with a separate list of vaccinations received, the doctor must also sign this. **Both forms must be signed.**

FOOD ALLERGY ACTION PLAN SHEET (Form 4)

Only fill out this form if your child has food allergies. It gives direction to the staff on how to handle contact with the allergen(s) listed on your child's Health Appraisal Form.

CHILDREN'S MEDICAL INFORMATION FORM (Form 5)

1. **If both parents' names are written on the top line of the form, then both parents must sign at the bottom.**
2. Please state "No Allergies" if your child has no allergies.
3. The "period of absence" should be the school year (i.e. 9/1/11 through 6/1/12).
4. Again, include telephone numbers where a parent can be reached in case of emergency.

COMMUNICATION RELEASE FORM (Form 6)

This form confirms/declines your authorization to use photos of your child to post within the classroom, include in the preschool's newsletter or other opportunities that may arise.

CRIMINAL DISCLOSURE FORM (Form 7)

Please read instructions in the cover letter, and complete the form. Each adult working in the classroom must fill out this form. Please place the completed form in a sealed envelope with your name on it.

If you have any questions while filling out these forms, do not hesitate to call your Membership Chairperson. We do appreciate you getting the forms to your Membership Chairperson by **August 1st.**