



The Neighborhood Center

Business Address: 344 N. 7th St. Allentown, PA 18102

kberard@theneighborhood-center.org

Child's Name _____

4-Year-Old Program - 8:30 - 11:00 _____

4-Year-old Program Starts Monday, September 11, 2023

Your child must be 4 by September 1st

4-Year-Old 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 4-Year-Old 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 4-Year-Old Program
 Permission and Registration Form

School Year 2023-24

8:30 - 11:00 AM

Today's Date _____

4-Year- Old Program Starts Monday, September 11, 2023, Must be 4 by September 1st

Child's Last Name 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
 Single Married Separated Divorced Widowed

Employer Name

Employer Address

E-mail Address

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 _____