

**ALDRSGATE KINDERPREP
APPLICATION FOR ADMISSION**

Child's Name:	Address	DOB	Picture of child:
		Gender	
Church Affiliation:			
Language spoken in home			
Previous Child Day Care Programs or schools attended: Attending concurrently:			
Is your child returning to Aldersgate KinderPrep?			

PARENT/GUARDIAN INFORMATION

Mother's Name:	Employer	Work and/or Cell Number
Home Address:	Email Address:	Home Phone
Father's Name:	Employer	Work and/or Cell Number
Home Address	Email Address:	Home Phone
Person(s)/ Agency Having Legal Custody of Child		Person(s)/ Agency Having Physical Custody of Child

EMERGENCY CONTACT INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency	
Child's Physician	Phone
<u>Two LOCAL CONTACTS</u> if Parent(s) Cannot Be Reached. <u>Give Full Name and Complete Address.</u>	
1. Name: _____ ph# _____ Street Address: _____ City and zip _____	
2. Name: _____ ph# _____ Street Address: _____ City and zip _____	
Person(s) Authorized to Pick Up Child	
Person(s) NOT Authorized to Pick Up Child	

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Please read all policies and procedures and initial each one of the following important items:

- _____ 1. The registration fee is **non-refundable**.
- _____ 2. Parent(s)/Guardian(s) are responsible for payment of fees on time. A late fee of \$10.00 will be added to bills not paid within the first 10 days of each month.
- _____ 3. No reduction of fees for absences or vacations **except** in the case of an extended illness of the child. The Director should be notified if such a situation occurs.
- _____ 4. Keep child at home with the following: fever, diarrhea, or vomiting in the previous 24 hour period. Children too sick to participate in the full program, including outside play, need to be kept home. Children must be fever free without medication for 24 hours before returning to school.
- _____ 5. Inform the school of changes in address, phone numbers, emergency contact information, or any changes in family situations.
- _____ 6. I allow KinderPrep to take and use pictures of my child. I also allow for my child's artwork to be displayed throughout the building.
- _____ 7. **I certify that my child is age appropriately immunized.**

I have initialed all the above information and agree to abide by these rules and regulations.

Signature

Date

**OFFICE USE ONLY
IDENTIFICATION VERIFICATION**

Place of Birth	DOB	Birth Certificate Number	Date Issued
Other Form of Proof			

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or mid-wife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

Developmental Information

Was your child born prematurely? _____Yes _____No
If so, how early?

Has your child had chronic ear infections? _____Yes _____No
Tubes in ears? _____Yes _____No

At what age did your child begin to walk?

At what age did your child begin to speak in sentences of 2 to 4 words

Does your child engage in pretend play? _____ Yes _____No

Has your child had any serious illness or accidents? _____Yes _____No
If so, please explain:

Has your child had any surgeries? _____Yes _____No
If so, please explain:

Is your child receiving private services that we can further support at KinderPrep? If so, what type?

Please describe any personal or physical problems that we should be aware of:

CONSENT TO EMERGENCY CARE

I, _____, parent/guardian of the minor child listed below, consent to any x-rays/examination, anesthetics, medical or surgical diagnostic or treatment procedure deemed necessary for his/her treatment by our family physician _____ or the emergency physician on duty at the licensed hospital.

Child's Name: _____

DOB: _____

Allergies: _____

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physicians to exercise their best judgment as to requirements or such diagnosis or treatment.

This consent shall remain effective for the school year, unless revoked in writing and delivered to the Director of Aldersgate KinderPrep.

Signature of Parent/Guardian

Date

**** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the objection and the reason for the objection.**

AGREEMENTS

1. Aldersgate KinderPrep agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize Aldersgate KinderPrep to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent/Guardian Signature Date

Administrator of Center Signature Date

Date Child Enrolled in School: _____

Date Child Withdrew from School: _____