ALDERSGATE 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: |

EMERGENCY CONTACT INFORMATION

|  |
| --- |
| **Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency** |
| Child’s Physician | Phone |
| Two **LOCAL CONTACTS** if Parent(s) Cannot Be Reached. Give Full Name and Complete Address.1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ph#\_\_\_\_\_\_\_\_\_\_\_\_Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City and zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ph#\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City and zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Person(s) 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, vacations orweather related closings. **(In case of an extended illness, speak with Director.)**

 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:**

Registration paid: ck#\_\_\_\_\_\_ cash\_\_\_\_\_\_ amount\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_

Identification Verification Information

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Is your child toilet trained? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Progressing

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) stating 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 Enrolled in School: \_\_\_\_\_\_\_\_\_\_\_\_ Date Withdrawn from School: \_\_\_\_\_\_\_\_