APPLICATION FOR ADMISSION

***** Please do not leave any fields blank. If a box does not apply to you, please write N/A.**

Child's Name:	Preferred Name:	DOB	Picture of child:
Child's Address:		Gender	
Language spoken in home:		Church Affiliation:	
Previous Child Day Care Programs, schools attended or concurrently attending:			

PARENT/GUARDIAN INFORMATION

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

HEALTH and WELLNESS INFORMATION

Does your child have:

Yes	No	Allergies?	Yes	No	Dietary preferences ?
Yes	No	Intolerance to Food, Medication, or other substances?	Yes	No	Special Needs ?
Yes	No	Chronic physical or medical condition?	Yes	No	Pertinent behavioral or developmental information ?
Yes	No	Medical condition or allergy that **requires medication** to be stored and administered at school?			

If yes to any above, please explain:

Does your child have **an emergency care plan** that has been developed in consultation with medical personnel?
If yes, a copy of the plan for the 2025/26 school year must be presented by August 15th.

Designated local CONTACTS if Parent(s) Cannot Be Reached. (Please provide name, address, phone)

1.	2.

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. I confirm that the information on this application record is **true, accurate, and complete**.

_____ 2. I understand the **registration fee is non-refundable**.

_____ 3. Parent(s)/Guardian(s) are responsible for **timely payment of fees**. A late fee of $10.00 may be added to bills not paid within the first 10 days of each month. Failure to pay tuition may result in removal from the program.

_____ 4. There will be **no reduction of fees** for absences, vacations, or weather-related closings. (In case of an extended illness, speak with Director.)

_____ 5. I agree to keep my 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 at home. Children must be fever free without medication for 24 hours before returning to school.

_____ 6. I agree to **inform the school of changes** in address, phone numbers, emergency contact information, or **any changes in family situations**.

_____ 7. I will allow KinderPrep to **use my child's likeness** in photographs, videos, or other digital media in all of its publications including web-based publications.

_____ 8. **I certify that my child is age appropriately immunized.**

_____ 9. **I understand that my child must be potty trained** for all programs except the 2 ½ program. Children in the 2 ½ program must be trained enough for pull-ups and working toward full potty training..

_____ 10. **I understand that if my child has an allergy awareness plan or requires medication to be kept or administered at school, that I am required to fill out additional paperwork and provide necessary documentation.**

I agree to abide by the above policies and procedures.

_____ _____

Signature Date

OFFICE USE ONLY:

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. 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?

At what age was your child reliably toilet trained?
If not yet toilet trained, please indicate:

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:

Has your child received, or is your child currently receiving services (i.e. Early Intervention, Speech Therapy, Occupational Therapy, Speech Therapy, another service type) ? If so, please explain.

Does your child require, or do you think they may require, any physical, verbal, behavioral or special support adaptations or accommodations? If so, please describe your child's need:

*Please note that while we have an open-door, inclusive policy, as a private Christian school that receives no federal or state funding, we may not have the resources available to provide the appropriate support for your child's Early Childhood Special Education needs.

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 provided by 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 emergency 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.

4. The parent(s)/guardian(s) authorize Aldersgate KinderPrep to transport the child in the event of an emergency including needing medical care or facility relocation.

SIGNATURES

_____ _____
Parent/Guardian Signature Date Administrator of Center Signature Date

Date Enrolled in School: _____ Date Withdrawn from School: _____