

Application for Admission to Washington Christian Preschool

Date of Admission _____

Child's Name _____ Sex _____ Birthdate ____/____/____

Address _____ Phone _____
(Street) (City & Zip if other than Washington, 61571) (Primary)

Email _____ Texting okay? _____ Best way to reach parents _____
(Y/N) (phone/email/text)

How do you want your child to write his/her name (i.e. Brad vs. Bradley) _____

The school my child will be attending for Kindergarten is _____

Father's Name _____

Father's Place of Employment _____ Phone _____

Mother's Name _____

Mother's Place of Employment _____ Phone _____

Marital Status of Parents _____

Legal Guardian (if other than parent) _____

Guardian's Address _____ Phone _____

Child's Doctor _____

Doctor's Address _____ Phone _____

To whom the child may be released (other than parent). List all whom apply (use back of sheet for more space if needed):

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons (other than parent) to be contacted in case of emergency:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Hours of Care _____ Date of Discharge/Reason _____

Social and Health Information

In order for us to have a complete understanding of your child, we ask you to complete the following information.

A. Is your child allergic to any foods? Yes _____ No _____

If "Yes," please list all food related allergies.

B. Family composition: Please list brothers, sisters, step-parents, or any other member of the household and give ages of each sibling.

C. Any challenges with language development? Yes _____ No _____

If "Yes," please explain.

D. Are there any challenges concerning your child's bathroom habits (weak kidneys, etc.)?

If "Yes," please explain. Yes _____ No _____

E. Does your child have any special needs? Yes _____ No _____

If "Yes," please explain.

F. Has your child participated in previous social experiences with groups of children?

If "Yes," what kind? Yes _____ No _____

G. In a short paragraph, describe your child's personality.

H. Please list any special interests/favorite things your child has (include favorite color).

Consent Form

I. Emergency Medical Care

In case of sickness or accident, I hereby give consent to Washington Christian Preschool to provide emergency care through applying ointment, antiseptic spray, calling the local Rescue Squad, hospital, or physician for:

Name of child: _____

Physician: _____ Phone: _____

Address: _____

Hospital: _____ Phone: _____

Address: _____

II. Permission for Trips

I hereby give consent to Washington Christian Preschool to take:

(Name of child) _____ on field trips to places of interest in the area. I understand that these trips will be made in cars driven by preschool personnel or parents of students. I understand that such trips are under the supervision of authorized personnel of the preschool, and that all possible precautions will be taken to insure the health and safety of my child.

Signature of parent or guardian: _____

III. Religious Training

I hereby give consent to Washington Christian Preschool to use basic Bible stories and songs in the educational program in which my child, _____, will participate.

Signature of parent or guardian: _____

IV. Photographs

Washington Christian Preschool has my permission to take photos of (name of child) _____ and use them for publicity purposes if needed.

Signature of parent or guardian: _____