

# GRACE PRESCHOOL ENROLLMENT ADMISSION INFORMATION 2023-2024

LICENSING REQUIRES THAT THIS FORM IS FILLED OUT - PLEASE COMPLETE ENTIRE FORM

Operation #1712363

Form 2935/January 2023

Child's Full Name _____ <div style="text-align: center;">                     Circle                      Male or Female                 </div>	Date of Birth _____	Date of Admission: _____ Date of Withdrawal: _____ Class _____ on _____ Time in Care: 9am-2:30pm
Child's Home Address _____		City/State _____ Zip Code _____
Mother's Name: _____ Father's Name: _____		Address if different from child: _____ Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
Phone numbers where parents/guardian may be reached while child is in care.	Mother's Cell: _____ Cell Phone Carrier: _____ Mother's Email: _____	Father's Cell: _____ Cell Phone Carrier: _____ Father's Email: _____
NAME of person to call in an emergency if parents/guardian cannot be reached: _____ ADDRESS _____ PHONE # _____		Relationship _____

I hereby authorize Grace Preschool to allow my child to leave the facility ONLY with the following persons. Children will only be released to a parent, or a person designated by the parent/guardian after verification of ID.	Name	Telephone Number

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which Grace Preschool staff should be aware of:  
 \_\_\_\_\_

Does your child have any Doctor diagnosed FOOD allergies that require an allergy action plan?  YES  NO; If yes, what? \_\_\_\_\_

**Water Activities:** I hereby  GIVE  DO NOT GIVE – my consent for my child to participate in water activities consisting of splashing/wading pools, sprinkler play, buckets of water, water table play and various water toys.

**Inflatable Play Equipment (State Compliant):** I hereby  GIVE  DO NOT GIVE - my consent for my child to participate.

**Lunch/Snack:**  I understand that Grace Preschool does not provide lunch or snack. As the parent, I am responsible for meeting my child's daily nutritional food needs.

**Photographs:** The teachers will be taking pictures throughout the year. I hereby  GIVE  DO NOT GIVE – my consent for my child's picture to be displayed in the classroom, inserted into other children's scrapbooks, used in a slide show or on the preschool website, etc.

**Nature Walks and Picnics:** I hereby  GIVE  DO NOT GIVE – my consent for my child to leave the preschool building and/or fenced playground area. All activities will be on Grace Fellowship or Equestrian Center property. Grace Preschool does not provide any off-site field trips.

**Transportation:** I hereby  GIVE  DO NOT GIVE - my consent for my child to be transported and supervised by Grace Preschool staff for emergency care. Grace Preschool does not provide any other transportation.

**Receipt of Written Operational Policies:** I acknowledge receipt of the Parent Handbook, available online at [whatisgrace.org/preschool](http://whatisgrace.org/preschool), which contains the facility's operational policies as are required by Child Care Licensing.

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

If I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Telephone:
Name of Hospital/Emergency Facility:	Address:	Telephone:
I give consent for this facility to secure any and all necessary emergency medical care for my child. _____		
Signature – Parent or Legal Guardian		

Childcare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

SIGNATURE OF PARENT OR LEGAL GUARDIAN
DATE