

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 _____		Circle Male or Female	Date of Birth _____	OFFICE USE ONLY: Date of Admission: _____ Date of Withdrawal: _____ Class _____ on _____	
Child's Home Address _____		City/State _____		Zip Code _____	
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both					
Mother's Name: _____			Father's Name: _____		
Address if different than child _____			Address if different than child _____		
Phone numbers where parents/guardian may be reached while child is in care.	Mother's Cell: _____ Cell Phone Carrier: _____ Email: _____		Father's Cell: _____ Cell Phone Carrier: _____ Email: _____		
NAME of person to call in an emergency if parents/guardian cannot be reached: _____					Relationship _____
ADDRESS _____					
PHONE # _____					

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 and wading pools, sprinkler play, buckets of water, water table play and various water toys.

My child is able to swim without assistance ☐ YES or ☐ NO. If no, what type of assistance does he/she need? _____

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, 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.		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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