

GRACE PRESCHOOL ENROLLMENT ADMISSION INFORMATION 2024-2025

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

Operation #1712363

Form 2935/January 2024

Child's Full Name _____ <div style="text-align: center;"> Circle Male or Female </div>	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: _____ Address if different than child _____		Father's Name: _____ 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Telephone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	Name	Telephone Number				
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:
 NONE YES (Please List) _____

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. _____		
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