

Meadowood Christian School
16051 East Dartmouth Avenue
Aurora, CO 80013
**Jr. Kindergarten Department
And 3 Year Old Pre-School**
Enrollment Form

Office Use Only: 3 Yr Old Pre-School ___
Tues/Thurs ___
Mon/Wed/Fri ___
Pre-K ___ AM ___ PM ___

Today's Date _____

Boy ___ Girl ___

Email Address _____

Child's Date of Birth _____

Child's Full Name _____
Last First Middle

Mom's Address: _____

Dad's Address: _____

Street _____

Street _____

City State Zip _____

City State Zip _____

Status of Parents: ___ Married ___ Divorced ___ Separated ___ Single ___ Widowed
Child Lives With: ___ Mom ___ Dad ___ Both ___ Some w/Mom some w/Dad ___ Grandparents

Name of Father or Guardian: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Pager: _____

Place of Employment: _____

Name of Mother or Guardian: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Pager: _____

Mother's Place of Employment _____

--Please circle which of these numbers is the best to reach you during school hours-- Or, if different than the parents,
please list who you would like us to contact during school hours: _____
Name Phone

Other children under 18 years of age living with the family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation _____ Attendance ___ Regularly ___ On Occasion ___ Not at all

Please list who **is authorized** to pick up your child from school

Name

Address

Phone

Please list who is **NOT authorized** to pick up your child from school

Name

Phone

Child's Physician

Child's Dentist

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Names of people in household

Name

Relationship

Has the child had previous preschool experience? _____ Yes _____ No Where? _____

How would you describe your child's personality?

Does child have any fears?

Pets?

Do you suspect, or has your child ever been evaluated for any learning problems? (Speech, hearing, visual or motor)? Please explain.

List any chronic or handicapping problem that your child has (seizures, asthma, diabetes, heart disease, respiratory illness, drug reactions, allergies, hearing impairment, hyperactivity, etc.)

Special instructions for above mentioned conditions

Describe any allergies, including any foods which may have caused adverse reactions, or any food not to be given to child for health or religious reasons

Check illnesses the child has had Measles German Measles Chickenpox Scarlet Fever
 Step Throat Rheumatic Fever Other

Has the child had contact with tuberculosis? Yes No

In addition, each child must have a signed medical statement completed within 6 months prior to or within 30 days after admission to Jr. Kindergarten or Pre-School on file with the Jr. Kindergarten office. After the 30-day period, the child will not be allowed to enter the classroom unless all forms are completed and on file.

I have read and agree to abide by all policies and procedures of Meadowood Christian School.

Parent/Guardian

Date

This application must be filled out in its entirety

Meadowood Christian School
Jr. Kindergarten Department
And 3 Year Old Pre-School
EMERGENCY FORM

Today's Date _____

Child's Full Name _____
Last First Middle

Address _____
City State Zip

Father's Name _____ Mother's Name _____

Home Phone Father _____ Father's Work _____ Father's Cell _____

Home Phone Mother _____ Mother's Work _____ Mother's Cell _____

Child's Physician

Child's Dentist

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

In the event of an emergency, please indicate order of preference in contacting the following

<u>Name</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

Parent Permission for Medical Treatment

I, _____, hereby give my permission to Meadowood Christian Pre-school to call an ambulance and/or any necessary medical personnel to transport and treat my child, _____, in an emergency. I understand the preschool staff will make every attempt to reach me or the emergency person(s) if it is not possible to locate me. I/we agree and understand all expenses will be our responsibility. I also authorize the transfer of my child's health record to the local hospital or medical personnel. I understand the emergency personnel will determine where to transport.

Hospital of Choice _____ Hospital Phone Number _____

We will notify the EMT's of your preference, but are not responsible for their decision of hospital location. If your child must be transported to a specific hospital due to medical reasons, please attach a letter indicating the reasons for the request and sign and date it.

Parent Signature _____ Date _____

Procedure for Lost Children

Teachers take attendance at the beginning of class. A head count is taken by the teachers before and after recess, and periodically throughout the day. If a child appears to be lost, we will search all areas of the pre-school, church and outside grounds. If we are unable to find the child in a reasonable amount of time, we will notify the parents and police.

Parent Permission for Playground

I permit my child to play on the playground equipment during school hours while under the supervision of the preschool staff. The pre-school staff is not responsible for children or siblings playing on the playground during non-school hours.

Parent Signature _____ Date _____

Parent Permission for Field Trips

I/we give permission for _____ to walk or ride in a vehicle on a field trip, under the supervision of the Meadowood Christian Pre-School staff. I understand that when riding in a vehicle, proper car restraints will be used at all times. If my child does not meet federally regulated laws for seat belt usage, I will provide a federally approved car seat.

PLEASE KEEP IN MIND THAT WE WILL HAVE AN INDIVIDUAL FORM
FOR THE PARENT TO COMPLETE FOR EACH FIELD TRIP.

Parent Signature _____ Date _____

Parent Permission for Film Viewing

I, _____, allow my child, _____, to view videos or movies at Meadowood Christian Pre-school.

Parent Signature _____ Date _____

Dismissal Policy

Meadowood Christian Pre-school reserves the right to dismiss a child from the pre-school whenever the relationship between the school and the family is not satisfactory to the school.

Prior to a dismissal and to avert the dismissal, the Director will discuss the situation with the family and will request a joint meeting with the teacher or any other necessary individuals if needed. If a satisfactory solution is not found, the Director will refer the case to the School Administrator and Pastor for final determination of the child's enrollment.

Student's Name _____

Parent's Signature _____ Date _____