

ADMISSION FORM

Child

Name	Nickname
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Birthdate	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Home Address

City	State	Zip
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Parent/Guardian

Name	Relation to Child	Place of Employment
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Home Address	Email Address
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City	State	Zip	Work Phone	Phone
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Parent/Guardian

Name	Relation to Child	Place of Employment
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Home Address	Email Address
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City	State	Zip	Work Phone	Phone
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Emergency Contact (friend or relative who should be contacted when parent/guardian cannot be reached)

Name	Relationship	Phone (Home)
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Home Address	Phone (Cell)
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City	State	Zip
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Authorized Pickup (persons other than a parent to whom the child may be released)

Anyone picking up your child will be required to provide photo identification before your child will be released. Next Generation Preschool will not release your child to anyone that you have not authorized in writing or to anyone that cannot provide a photo identification.

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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SEE BACK OF FORM

ADMISSION FORM – Continued

Special Care Needs

Diagnosed Allergies (Must provide an allergy action plan signed by physician)

Milk Peanuts Tree Nuts Wheat Bee Sting Other _____

Describe Reaction: _____

Other Non-Allergy Diet Restrictions (Includes Sensitivity or Intolerance to Foods)

Existing Illness:

Previous Serious Illness and/or Injuries:

Hospitalizations During the Past 12 Months:

Medications Prescribed for Continuous, Long-Term Use:

(Medication Authorization Form will need to be completed for any medicines administered by the preschool)

Other Special Care Needs:

Child's Physician

Name of Physician

Hospital Preference (for emergency treatment)

Address

City

State

Zip

Phone

Emergency Medical Attention & Emergency Evacuation Authorization

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the preschool Director or designee to secure any and all necessary emergency medical care for my child. In addition, I authorize the staff of Next Generation Preschool and the Ascension Church to transport my child to another location if a situation occurs that makes it in the best interest of my child to evacuate the building. _____ (initials)

Photo & Media Consent

I consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the Next Generation Preschool Ascension Church webpage or Facebook page or class books. I understand that my name and my child's name along with pictures or videos may NOT be used in publications unless express consent is given. _____ (initials)

My signature below provides medical authorization, emergency evacuation authorization, and photo/media consent as stated above. I also acknowledge receipt of or access to (website) the Next Generation Preschool's Parent Handbook and Policies and Operational Procedures book. I understand that I must follow all aspects of the Next Generation handbook and operational policies and that if I have any questions, it is my responsibility to seek answers from the Director.

Parent/Guardian Signature:

Date: _____

Preschool Health Statement and Immunization Verification

Child's Name: _____

Date of Birth: _____

Admission Requirement: One of the following must be presented for your child to be admitted to the Next Generation Preschool.

Please check only one option:

1. _____ Health-Care Professional's Statement: *I have examined the above named child within the past year and find that he/she is able to take part in the Next Generation Preschool Program.*

Health-Care Professional's Signature

Date

2. _____ A signed and dated copy of a health-care professional's statement is attached.
3. _____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

Vision and Hearing Screening for 4-year olds:

Vision Results: _____

Hearing Results: _____

Comments: _____

Physician's Signature: _____

Immunization Record required for Admission

_____ I have provided Next Generation Preschool with a copy of my child's most current immunization record or state waiver.

Parent Signature: _____