1604 Golden Springs Road Anniston, AL 36207

(256) 405-1633

Application Information

* Application may be made at any time by contacting the school. Because classes are intentionally small, early enrollment is recommended.
* Applications for immediate enrollment are considered by the Administration when space is available.
* The application steps are as follows:
	1. Submission of the Student Application form with the Application Fee
	2. Submission of proof of current immunizations (Blue Form)
	3. Submission of Notarized Release and Waiver of Liability
	4. Submission of Birth Certificate

An applicant for the K3 & K4 classrooms birthdays must be on or before September 1, of the year applied for, in order for classroom placement. ***Chronological age is NOT only factor to be considered in determining the child’s readiness*.** If child is going into K3 classroom, they **must be toilet trained**. If it is determined by the Administration that it is not in the student’s best interest to be placed in the classroom applied for in the current school year, parents will be notified.

NOTICE: As of August 2019, Kids Life Learning Center is officially licensed and receives federal and state financial aid. In addition, Life Kids Learning Center accepts the utilization of the Family Guidance financial assistance program.

***Notice of Nondiscriminatory Policy***

The school does not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its admissions policies or its academic, athletic, scholarship or other school programs.

APPLICATION FOR ADMISSION

**Infants through K4 Preschool**

(Please Print or Type)

***FOR OFFICE USE ONLY:***

Date Application Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of Birth Certificate \_\_\_\_\_\_\_\_\_\_ Immunization Form \_\_\_\_\_\_\_\_\_\_ Affidavit \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any domestic/court visitation/DHR or Family Services situations that affect the **custody, parental** **responsibility, or school** pickup authorization of your child? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please provide LKLC the legal/court documents for such. The Administration reserves the sole right to request withdrawal of a child for the overall safety and welfare of the children/staff of the LKLC.

***CHILDREN WILL ONLY BE RELEASED TO PERSONS LISTED ABOVE UNLESS A NOTE IS RECEIVED FROM THE PARENT. ANY CHILD NOT PICKED UP BY 5:30 P.M. WILL BE CHARGED* $15.00 *FOR EVERY 1-15 MINUTES THAT THE PARENT IS LATE. THIS FEE WILL BE CHARGED DIRECTLY TO THE PARENTS’ ACCOUNT.***

**Healthy Lunch Agreement:**

I choose to supply my child with a nutritious lunch daily. I understand the recommendations made by the Food and Nutrition Service USDA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**Activities Outside of Center:**

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities. Please note, Life Kids Learning Center does not take or transport enrolled students on field trips. Please see our Hand Book (pg 2) regarding a half day closure of the center in the fall where opportunity is provided for you (the parent/guardian) and your child to enjoy a morning at Bennett Farms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**Activities at Center:**

I understand that LKLC does not participate in or provide swimming/wading activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**I. EDUCATIONAL INFORMATION**

Current Daycare/School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attended Since (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Schools Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**II. CONDUCT**

Has the applicant had any previous discipline problems in school? \_\_\_\_\_Yes \_\_\_\_\_No

Has the applicant ever been …suspended? \_\_\_\_\_Yes \_\_\_\_No … expelled? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was the applicant allowed to re-enroll in the previous school? \_\_\_\_\_Yes \_\_\_\_\_No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. COUNSELING / TESTING**

Has the applicant ever undergone an educational evaluation administered by a clinical psychologist, psychiatrist, or counselor? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please give date of consultation and name, address, and telephone number of consultant(s):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please submit any copies of test results or consultation reports with this application.

Has any attention-enhancing medication ever been prescribed for this applicant? \_\_\_\_\_Yes \_\_\_\_\_No

 Medication name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***The information contained in this application is true and accurate to the best of my knowledge. Life Kids is authorized to verify any part of this application material.***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

**Medical History and Release Form**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Sex:\_\_\_\_

Parent or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunizations**

Attach Certificate of Immunization (blue slip). This is available from your child’s doctor’s office.

Allergies or Other Notable Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Childhood Diseases (please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ become ill or suffer an accident of any character while he or she is in the care of Life Kids Learning Center, the staff shall undertake every effort to contact me immediately. In the event Life Kids is unable to reach me immediately, Life Kids and/or its designated staff shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

THIS MEDICAL HISTORY AND AGREEMENT FORM MUST BE SIGNED AND RETURNED ON OR BEFORE THE FIRST DAY THE CHILD ATTENDS LIFE KIDS LEARNING CENTER.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Release and Waiver of Liability-**

This is a binding release made by me, individually and on behalf of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to Life Worship Center.

 (Child’s Name)

I am the custodian parent/ guardian of my child. I have elected to enroll my children in preschool activities at Life Worship Center. I fully recognize that there are dangers and risks to which my child may be exposed by being involved in preschool activities. However, I desire to enroll my child in the Life Kids preschool program. It is my desire to place my child in preschool and I understand that Life Worship Center has not compelled me to do so. In consideration of and in return for the services, facilities and other assistance provided to me by Life Worship Center, I hereby release the Life Worship Center, its governing board, employees and agents, from any acts or failure to act by Life Worship Center or its governing board, employees or agents.

I recognize that this release means that I am giving up, among other things, the right to sue Life Worship Center, its governing board, employees and/ or agents for sickness, injuries, damages or losses that I or my child may occur. I also understand that this release binds my heirs, executors, administrators and assigns, as well as myself.

I have read this entire Release, I fully understand it and agree to be legally bound by this release.

**THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.**

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**-Please do not complete this portion until Notary Public is present-**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Releaser’s Signature**- (Individually and as custodial parent/ legal guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary Public) Date: \_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release:**

Throughout the year we have activities and events at the Learning Center where we have pictures taken of our students. Your child’s picture may be used in a local publication, on a Church related commercial or document as well as the Classroom Blogs and Facebook.

I approve for my child’s picture to be used in the above ways.

(Child’s first name will only be released with any photo.)

My Child’s photo may not be used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**Received Handbook:**

Please sign stating that you have received the Life Kids Learning Center Handbook and have read and agreed to all the policies therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date