



APPLICATION RECEIVED: _____ by: _____ START DATE: _____ DISCHARGE DATE: _____

CHILD'S PERSONAL INFORMATION

1. CHILD'S NAME: _____ **girl** _____ **boy** _____ **DOB:** _____

Primary Caregiver: _____ **Relationship to Child:** _____

Email Address: _____

Home Address: _____ **City:** _____ **Zip:** _____

Primary Phone: _____ **Work Phone:** _____

Place of Employment: _____ **Work days/hours: from** _____ **to** _____

Secondary Caregiver: _____ **Relationship to Child:** _____

Email Address: _____

Home Address: _____ **City:** _____ **Zip:** _____

Primary Phone: _____ **Work Phone:** _____

Place of Employment: _____ **Work days/hours: from** _____ **to** _____

Siblings Names and Ages: _____

2. Enrollment Preference: 3 days (T,W,Th) 2 days (T,Th) 1 day (W) OR First Available

3. Church Affiliation: _____

4. Emergency Contact Information:

Name of person to call if parents cannot be reached: _____

Address: _____ **City:** _____ **Zip:** _____

Daytime phone number: _____ **Secondary/Work phone:** _____

Is this person authorized to take the child from Kindle? Yes _____ **No** _____

5. List all other adults who are authorized to pick up your child from Kindle:

Name Relationship Phone number

Name Relationship Phone number

Name Relationship Phone number

6. Pertinent Medical and Developmental Information:

Immunizations: I have provided a copy of my child's immunization record: Yes _____ No _____

Allergies: _____ **Epipen? Y/ N** _____ **Medications:** _____

Medical conditions/concerns: _____

Special dietary concerns: _____

Is child toilet-trained? Y/ N _____ **Words used in toileting:** _____

*Please note that all children entering our program ages 36 months and older by 8/1/20 must be toilet trained in order to attend Kindle MDO/Preschool.

Child's Physician OR Emergency Treatment Facility

Phone number

Address: _____ City: _____ Zip: _____

I, _____, parent/guardian of _____, do hereby give my consent to the Kindle Director, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician/surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Parent Signature: _____ **Date:** _____

7. Consents:

* I hereby give ___/do not give ___ permission for the use of sunscreen for my child in appropriate weather.

Signature: _____ **Date:** _____

* I hereby give ___/do not give ___ Kindle permission to take photographs or video of my child for use in the facility.
I hereby give ___/do not give ___ Kindle permission to place photos/videos of my child on Kindle's private social media.

Signature: _____ **Date:** _____

8. Acknowledgments:

* This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes.

Signature: _____ **Date:** _____

*This is to acknowledge that I have received the website address to the electronic version of a list of Kindergarten readiness skills for my child aged 3-5 years old.

Calendar: http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf

Checklist: <http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>

Signature: _____ **Date:** _____

*This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (all parents of infants under 18 months of age):

<https://humanservices.arkansas.gov/images/uploads/dccece/Shaken%20Baby%20Brochure%20English.pdf>

Signature: _____ **Date:** _____

9. I, the parent/guardian of this child, understand that I may ask for a meeting with the caregivers as needed.

Signature: _____ Date: _____

10. I have received a copy of the handbook and agree to the policies therein, including the behavior guidance policy.

*Handbook can be viewed at <https://gracepointchurch.net/get-connected/moms-day-out-preschool/>

Signature: _____ Date: _____