

Clark County Christian Preschool and Daycare Child Enrollment Form



Child's Name: _____ Nickname _____ Gender _____ Birthdate _____

	Mother	Father
Students Name:		
Home Address:		
Employer		
Work Phone #		
Home Phone #		
Cell Phone #		

Person/s with whom the child lives: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

My child has permission to be released to the following individuals/transportation services listed below. In the event of an emergency, if parent(s) are unable to be reached, these persons may also be contacted. Please notify all individuals that they will be asked to show proof of identity. Parents DO NOT need to be listed in this section.

You will need to add the people below to the Brightwheel app as an Approved Pickup. Please let them know that they will need to use the app to check your child in and out (They will receive an invite to download Brightwheel once you add them as an approved pickup).

Name and Relationship	Phone #

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Will your child receive services at the center? No Yes _____

Name of service provider and frequency _____

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize this facility to secure emergency medical treatment for my child.

Parent Signature: _____ Date: _____

First day of enrollment: _____

PERMISSION TO USE FIRST CHURCH OF GOD BUILDING AND PLAYGROUND

I _____ give permission for my child _____ to play in the field behind, the field in front (by playground), field on side of building, parking lot (bike day), sidewalks and to walk to the First Church of God and use their gym, playground, pavilion, field, sanctuary at any time during my child's enrollment at Clark County Christian. I also give permission for Clark County Christian to temporarily care for my child in the First Church of God building in the event that the preschool/daycare facilities should need to be evacuated.

Parent's signature _____ Date _____

3rd Party Professional Services Consent Form

I _____ give my permission for the following professional services to work with my child _____.

Third Party

1. **Clark County Public Library – Comes monthly and reads to the children**
 - a. **Begin Date:** _____
 - b. **End Date:** _____
2. _____
 - a. **Begin Date:** _____
 - b. **End Date:** _____

Signature of Parent _____ Date _____

Pesticide Notice Form

Clark County Christian utilizes an Integrated Pest Management (IPM) inspection and monitoring program to control pests in a way that minimizes economic, health, and environmental risks, if a pesticide application is needed, those individuals requesting notification will be informed 24 hours before application or as soon as possible after an emergency application. We need to file this request in our student records. **Please sign and return the request even if you do not wish to be notified.**

_____ No, I do not wish to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency application.

_____ Yes, I do wish to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency application.

Name of Contact (please print) _____ Phone number _____

Signature of Parent _____ Date _____

SUNSCREEN

I give permission for the staff at Clark County Christian to apply sunscreen, on all exposed skin, to my child _____ during the months of May-September if outside for more than 15 minutes unless I specify otherwise: I have provided _____ brand/type for my child to use. If no brand is specified, I verify that my child does not have any known reactions to sunscreen, and any brand may be used.

Parent's signature _____ Date: _____

Diapering

I give permission for the staff at Clark County Christian to apply diapering ointment to my child _____ if redness is present ___ or every diaper change ___ (please X one). I have provided _____ brand of diapering ointment for my child to use. If no brand is specified, I verify that my child does not have any known reactions to diapering ointment, and any brand may be used.

Parent's signature _____ Date: _____

Family Release for Media/ Print Inclusion

I _____ hereby **grant** permission for Winchester First Church of God/Clark County Christian to use images taken of my child and family members. This permission includes the display, distribution, publication, transmission, or otherwise use of photographs images, and or video taken of my child for the use in materials that include, but may not be limited to printed materials, such as brochures, and newsletters, videos, and digital images such as those on our websites. Names will not be used in conjunction with the images. I understand that these images may be used without further notification.

I _____ hereby **deny** permission for Winchester First Church of God & or Clark County Christian to use images taken of myself or my family.

Parent Signature _____ Date _____

Child's Name (Please Print) _____

Electronic Viewing

We want to make sure you are aware that occasionally students will watch T.V. related to lesson. We will only show G rated programs at our school. State regulations require that parents be informed if a child care center has T.V. viewing time. Please sign below to indicate you have been informed and give permission for your child to watch programs deemed age appropriate by the school staff and rating system.

Parent Signature _____ Date _____

Allergy Alert Form

Student's Name _____

My child does not have allergies.

My child is allergic to:

Please be aware of the following symptoms:

My child has been prescribed an Epi Pen/Twinject and I will supply it and all necessary related medications (i.e. Benadryl) ON THE FIRST DAY OF SCHOOL. The "PEN" and medications will be new and unopened. I understand these medications will only be accepted in accordance with the above.

If Epi Pen is administered staff will call 911 and then contact parent.

My child has the following physical restrictions

Parent's Signature _____ Date _____