



Application for First Kids Preschool
formerly known as Weekday Preschool
 2009-2010

5 Oak Street, Asheville, NC 28801 (828) 252-4781 Ext. 384

Child's name _____ Birthdate _____ Sex M F Age as of August 15th, 09 _____

Applying for <i>(Please check)</i>	<input type="checkbox"/> Two year old class	<input type="checkbox"/> Three year old class	<input type="checkbox"/> Fours & fives class
	Meet Tues., Wed., & Thurs.	<input type="checkbox"/> 3 Day Option (Tuesday - Thursday) \$160 per month	
	\$160 per month	<input type="checkbox"/> 4 Day Option (Tuesday - Friday) \$180 per month	

PLEASE PRINT LEGIBLY	FATHER	MOTHER <small>MAY INDICATE "SAME" IF SAME AS FATHER'S</small>
Name		
Street address		
City, Zip		
Home Telephone		
Cell phone		
Work phone		
Pager or other phone		
Occupation		
Employer		
Email address		

Parents' Relationship to Each Other: Married Divorced Separated Single

Has parental custody been changed? No. Yes, and a copy of any judgment, order, custody decree, visitation schedule, etc. is attached hereto.

What is your family's religious preference? _____ Church membership? _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name	Street address
Home Telephone	City, Zip
Cell phone	Employer
Pager or other phone	Occupation
Work phone	Special Instructions

Beside the individual(s) listed above, name any other persons who are authorized to pick up your child upon presentation of identification: *(If anyone not listed will be picking up your child, a written signed permission form will be required.)*

Name (as appears on identification),	Address	Telephone Number(s)	Relationship to child

Emergency Medical Care

Does your child have any food allergies? Please check. No. Yes; please explain:

Does your child have any other allergies? Please check. No. Yes; please explain_____

Does your child have any other physical needs or conditions that we need to be aware of? No. Yes; please explain:

Pediatrician's name _____ Practice name _____

Pediatrician's telephone _____ Office location _____

Special instructions in the event of a medical emergency: _____

Please read and *initial* each of the following authorizations concerning medical care:

_____ I hereby authorize the staff of the First Kids Preschool to administer basic first aid to my child in the event of minor cuts or bruises, including but not limited to cleaning the wound with disinfectant, and covering with a self-adhesive bandage.

_____ In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Kids Preschool staff to transport my child for treatment at an Emergency Room and I give consent for any and all treatment deemed necessary by the attending physician.

_____ I hereby authorize any health care provider involved in the care of my child to communicate directly with staff of the First Kids Preschool concerning my child.

_____ A copy of the insurance information for the child enrolling in our program is attached.

Miscellaneous

Please read and *initial* each of the following authorizations:

_____ I hereby authorize the First Kids Preschool to include my address and telephone number in our school directory.

_____ I hereby authorize the First Kids Preschool to photograph my child, and to reproduce and use such likenesses in church-related publications, including public advertisements for the Weekday Ministry Program.

To reserve a spot in the First Kids Preschool, this form must be completed, signed, and returned with a \$60.00 fee (non-refundable) made payable to First Baptist Church Asheville. You will be notified of your acceptance. The completed health form with immunization schedule should be submitted on or before the first day of school. Thank you.

→ Parental Signature

Date

For Office Use

Application received:	Deposit: Ck #	Health form:
Class assigned:	Date enrolled:	Date withdrawn:
Accept. Notif:	Info req:	Info req:
Fee:	Data entered:	Tuition sheet:

HEALTH FORM FOR ENROLLMENT FIRST KIDS PRESCHOOL

Five Oak Street, Asheville, NC 28801

(828) 2524781

Fax (828) 254-2302



TO BE COMPLETED FOR EACH CHILD BEFORE OR UPON ENROLLMENT 2009-2010

THIS SECTION TO BE COMPLETED BY PARENT:

Name of Child _____ Date of Birth _____

I hereby authorize the health care provider(s) indicated below to release such health care information as may be required to complete this form, and to communicate directly with staff of the First Kids Preschool concerning my child.

Name of practice _____ Name of primary care physician _____

→ Parental Signature

Date

THIS SECTION TO BE COMPLETED BY PHYSICIAN:

Please check the following:

Are the child's immunizations up-to-date? Yes No; please explain:

Is a copy of the child's immunization record attached? Yes No; please explain:

Is the child free from communicable disease? Yes No; please explain:

Is the child free from any allergies? Yes No; please explain:

Is the child able to participate in normal physical activity without limitations? Yes No; please explain:

List any medications regularly prescribed for the child.

Comments:

Physicians Signature

Date

Practice Name

Address

Telephone Number

Please attach copy of immunization schedule.