# Admissions Packet





OFFICE USE ONLY
Tour Date:App Rec'd Date: Start Date:

## Application

Name of Child:					
Birthdate:/		Gender: Male   Female			
Home Address:					
City:	_State: _	Zip:			
Parent/Legal Guardian	l	Parent/Legal Guardian 2			
Name:		Name:			
Relationship to Child:		Relationship to Child:			
Home Address:		Home Address:			
Primary Phone:		Primary Phone:			
E-mail Address:		E-mail Address:			
Reason for entry (Socialization, early kinder entry, other areas of focus):					
About my Child:		·			
Favorite things:					
Dislikes:		· · · · · · · · · · · · · · · · · · ·			
My child is really great at:					



My child needs extra attention in:					
Four words to describe your c					
Family hobbies/activities:					
Siblings & ages:					
Other people that play a major nannies etc.):		ve grandparents, uncles/aunts,			
What celebrations, traditions,  Have there been any recent cl	, holidays do you share as a f	amily?			
New Home, New sibling etc.)?		·			
Any Special health conditions/medical diagnosis/health history?  Any allergies to foods, insects, medications and/or other?					
Allergy	Reaction	Treatment			
Please provide anything else	you would like us to know ab	out you and your child:			



# Care Agreement

I,	, the legal guardian of	agree
to the following: (Initial a		
	edures in the <i>Parent Handbook</i> . ector as soon as I know of an absence (sick	mess, vacation etc.).
I will cooperate with developmental needs of m	the Director in the follow up of any medic ny child.	al, dental, and/or
<del></del>	rent <i>Permission to Release</i> form and <i>Eme</i> authorized to pick up my child.	rgency, Information
I, or an authorized in	dividual, will sign my child in and out dai	ly.
I will notify the teach for my child.	er at least 48 hours in advance if I plan a	birthday celebration
I will notify the staff disease.	when my child is ill, or a family member h	nas a contagious
I will provide a chang	ge of clothing incase of emergency.	
I will provide emerge 12 months or when chang	ency contact information and will update t ges occur.	this information every
I will discuss any con	cerns I have with the Director.	
Legal Guardian Printed Name		
Legal Guardian Signature		Date
Tittle Fundamentals Dennegentativ	o Gidnoturo	Data



## Consents and Authorizations

## Photography/Videotaping for Education, Marketing or Media Purposes

I hereby give my consent to have photographs or video and/or myself for the following purposes:	taped images made of my child
Agency Marketing Purposes (brochures, websit	e, social media, etc.)
Educational Purposes (classroom, art projects, e	etc.)
	Child's
Name Legal Guardian Name/Signature	Date
Emergency Pick Up/ Information request	
In the case of an emergency where I or another individ Information and Immunization Record Card is unable t call and provide the name of an unauthorized individual Numerical Code ( <b>to be used in all phone authorization</b> The unauthorized person picking up my child must prokept on file.	to pick up my child, I consent to al. I will provide the 6 Digit ns) which will verify my identity.
My Phone Authorization Code is:	<u></u>
I consent to also use the phone authorization co- financial, student progress or other sensitive in a Legal Gradian.	<del>-</del>
	Date



#### Classroom Supplies List

#### **Required Supplies:**

- 1 Change of clothes (shirt, pants, underwear, socks)
- 1 Backpack that will fit a folder
- 4 Fat #2 Beginner Pencils
- 1 24 count pack of Crayola crayons
- 1 10 count pack of Markers
- 1 12 count pack of color pencils
- 8 Skinny dry erase markers
- 2 Pink erasers
- 1 Pair of blunt scissors
- 8 Glue Sticks
- 1 Bottle of Elmer's glue
- 1 Pack of Playdough
- 1 Pack of 3 Clorox wipes
- **1** Large hand sanitizer
- 1 Pack of paper towels
- 2 Packs of baby wipes
- 1 Pack of Kleenex

