

# MEADOWOOD CHRISTIAN SCHOOL

A Ministry of Meadowood Church

16051 E. Dartmouth Ave. Aurora, CO 80013 • 303-690-2309 • www.meadowood.org

## ENROLLMENT APPLICATION FOR PRE-SCHOOL/JR. KINDERGARTEN & DAYCARE

Please write clearly. Please be as thorough as possible. One student per application.

Return completed application to the school office.

<b>Today's Date:</b> _____	<b>Grade Status</b>
<b>Date of Enrollment:</b> _____	3Year Old Pre-School ____ Jr.K AM ____ PM ____
<b>Start Date:</b> _____	Mon/Wed/Fri AM ____ PM ____
	Tues/Thurs AM ____ PM ____
	Daycare for 3 & 4 year olds ____

### Student Information

<b>Student Name (Last, First, Middle)</b>			<b>Nickname</b>
<b>Gender</b> ____ Male ____ Female	<b>Date of Birth</b>	<b>Age</b>	<b>Primary Language Spoken in the Student's Home</b>
<b>Student Address (Include City, State, Zip Code)</b>			<b>Home Phone #</b>
<b>Status of Parents:</b> ____ Married ____ Divorced ____ Separated ____ Single ____ Widowed			
<b>Student is Living With:</b> ____ Both Parents in the Same Home ____ Mother ____ Father ____ Grandparents			
____ <b>Other (Please Explain):</b> _____			
<b>In the Case of Joint Custody (Please Explain):</b> _____			

### Parent/Guardian Information

<b>Mother's Information</b>		<b>Father's Information</b>	
<b>Name</b>	_____	<b>Name</b>	_____
<b>Home Address (If Different than Student)</b>	_____	<b>Home Address (If Different than Student)</b>	_____
<b>Place of Employment</b> _____	_____	<b>Place of Employment</b> _____	_____
<b>Address</b> _____	_____	<b>Address</b> _____	_____
<b>Phone #</b> _____	_____	<b>Phone #</b> _____	_____
<b>E-Mail</b>	_____	<b>E-Mail</b>	_____
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>

Please circle or highlight which of the above numbers is the best to reach you during school hours.

<b>List other children in your family/People in household</b>		
<b>Name</b> _____	<b>Age/Grade</b> _____	<b>School</b> _____
<b>Name</b> _____	<b>Age/Grade</b> _____	<b>School</b> _____
<b>Name</b> _____	<b>Age/Grade</b> _____	<b>School</b> _____
<b>Name</b> _____	<b>Age/Grade</b> _____	<b>School</b> _____

**How did you hear about our school?** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Emergency contact information if you are unable to be reached in case of illness or injury. (Other than parent/guardian)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Please list those who are allowed to pick up your student.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Please list those who are NOT authorized to pick up your student.**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Church Information**

Name of Church

Pastor

Denomination

Church Address

Church Phone #

**Testimony Information:** Please write a brief statement of testimony, giving your beliefs regarding your Christian experience.

**Church Attendance & Involvement:**

**Regular**=One or more times a week, **Occasional**=One or more times a month, **Seldom**=Less than one time a month

Father: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

Mother: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

Student: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

Father:

Mother:

Student Name: \_\_\_\_\_

Student Health History: Please attach current immunization record

Known Allergies/Food Allergies:

Reaction

Medication

_____	_____	_____
_____	_____	_____
_____	_____	_____

Operations, serious injuries, serious illnesses or other existing physical conditions:

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

List any other health or behavioral issues which you or your family physician feel should be known to school authorities:

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

Is your student currently under medical treatment? Yes \_\_\_ No \_\_\_

If yes, please explain:

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

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Guardian Permission for Medical Treatment**

I, \_\_\_\_\_, hereby give my permission to Meadowood Christian School to obtain any necessary medical personnel to transport and treat my child, \_\_\_\_\_, in an emergency. I understand the school staff will make every attempt to reach me or the emergency contact person(s). I agree and understand all expenses will be my responsibility. I also authorize the transfer of my child's health records to the local hospital or medical personnel. I understand the emergency personnel will determine where to transport.

Hospital of Choice \_\_\_\_\_ Hospital Phone # \_\_\_\_\_

Address \_\_\_\_\_

We will notify the EMT's of your preference, but are not responsible for their decision of hospital location. If your child must be transported to a specific hospital due to medical reasons, please attach a letter indicating the reasons for the request and sign and date the letter.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Procedure for Lost Children**

Teachers take attendance at the beginning of class. A head count is taken by the teachers before and after recess, and periodically throughout the day. If a child appears to be lost, we will search all areas of the school, church and outside grounds. If we are unable to find the child in a reasonable amount of time, we will notify the parents and police.

**Parent/Guardian Permission for Playground**

I permit my child to play on the playground equipment during school hours while under the supervision of the MCS staff. The MCS staff is not responsible for children or siblings playing on the playground during non-school hours.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Permission for Field Trips**

I give permission for \_\_\_\_\_, to walk or ride in a vehicle on a field trip, under the supervision of the MCS staff. I understand that when riding in a vehicle, proper car restraints will be used at all times. If my child does not meet the federally regulated laws for seat belt usage, I will provide a federally approved car seat.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Permission for Film Viewing**

I give permission for \_\_\_\_\_, to view videos or movies at Meadowood Christian School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Permission for Sunscreen**

I give permission for MCS staff to apply the sunscreen that I have supplied, on my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dismissal Policy for Pre-School and Jr. Kindergarten Program**

Meadowood Christian Pre-school reserves the right to dismiss a child from the pre-school whenever the relationship between the school and the family is not satisfactory to the school.

Prior to a dismissal and to avert the dismissal, the Director will discuss the situation with the family and will request a joint meeting with the teacher or any other necessary individuals if needed. If a satisfactory solution is not found, the Director will refer the case to the School Administrator and Pastor for final determination of child's enrollment.

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# MEADOWOOD CHRISTIAN SCHOOL

## EMERGENCY FORM

Today's Date: \_\_\_\_\_

Child's Information		
Child's Name (Last, First, Middle)	Date of Birth	Age
Home Address (Include City, State, Zip Code)	Home Phone #	
Parent/Guardian Information		
Mother's Name _____	Father's Name _____	
Home Address (If Different from Child) _____	Home Address (If Different from Child) _____	
Work Address _____	Work Address _____	
Home # _____ Cell # _____ Work # _____	Home # _____ Cell # _____ Work # _____	
Child's Physician	Child's Dentist	
Name _____	Name _____	
Address _____	Address _____	
Phone _____	Phone _____	
Emergency Contact Information if you are unable to be reached in case of illness or injury.		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		
Please list those who are allowed to pick up your student.		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		