

Meadowood Christian School
16051 East Dartmouth Avenue
Aurora, CO 80013
Summer Program
Enrollment Detail Form

Start Date _____
Date of Enrollment _____

Today's Date _____

Boy ____ Girl ____

Email Address _____

Child's Date of Birth _____

Child's Full Name _____
Last First Middle

Child's Address:

Street

City State Zip

Mom's Address: (If different than child's)

Dad's Address: (If different than child's)

Street

City State Zip

Street

City State Zip

Status of Parents: ____ Married ____ Divorced ____ Separated ____ Single ____ Widowed
Child Lives With: ____ Mom ____ Dad ____ Both ____ Some w/Mom some w/Dad ____ Grandparents

Name of Father or Guardian: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Pager: _____

Place of Employment: _____

Address: _____

Name of Mother or Guardian: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____ Pager: _____

Place of Employment _____

Address: _____

--Please circle which of the above numbers is the best to reach you during school hours--

Emergency Contact: _____
Name _____ Phone _____
Address _____

Please list who is **NOT** authorized to pick up your child from school

<u>Name</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

Other children under 18 years of age living with the family:

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation _____ Attendance _____ Regularly _____ On Occasion _____ Not at all
Please list who **is** authorized to pick up your child from school

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Physician
Name _____
Address _____
Phone _____

Child's Dentist
Name _____
Address _____
Phone _____

Names of people in household

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

How would you describe your child's personality?

Does child have any fears?

Pets?

Do you suspect, or has your child ever been evaluated for any learning problems? (Speech, hearing, visual or motor)? Please explain.

List any chronic or handicapping problem that your child has (seizures, asthma, diabetes, heart disease, respiratory illness, drug reactions, allergies, hearing impairment, hyperactivity, etc.)

Special instructions for above mentioned conditions

Describe any allergies, including any foods which may have caused adverse reactions, or any food not to be given to child for health or religious reasons

Check illnesses the child has had _____ Measles _____ German Measles _____ Chickenpox _____ Scarlet Fever
_____ Step Throat _____ Rheumatic Fever _____ Other

Has the child had contact with tuberculosis? _____ Yes _____ No

In addition, each child must have a signed medical statement completed within 6 months prior to or within 30 days after admission to the Before & After School Program on file with the Before & After Care office. After the 30-day period, the child will not be allowed to enter the classroom unless all forms are completed and on file.

I have read and agree to abide by all policies and procedures of Meadowood Christian School's Before & After Care Program.

Parent/Guardian

Date

This application must be filled out in its entirety

Meadowood Christian School
Before & After School Program
EMERGENCY FORM

Today's Date _____

Child's Full Name _____
Last First Middle

Address _____
Address City State Zip

Father's Name _____ Mother's Name _____

Home Phone Father _____ Father's Work _____ Father's Cell _____

Home Phone Mother _____ Mother's Work _____ Mother's Cell _____

Child's Physician

Child's Dentist

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

In the event of an emergency, please indicate order of preference in contacting the following

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Permission for Medical Treatment

I, _____, hereby give my permission to Meadowood Christian Before & After Care Program to call an ambulance and/or any necessary medical personnel to transport and treat my child, _____, in an emergency. I understand the Before & After staff will make every attempt to reach me or the emergency person(s) if it is not possible to locate me. I/we agree and understand all expenses will be our responsibility. I also authorize the transfer of my child's health record to the local hospital or medical personnel. I understand the emergency personnel will determine where to transport.

Hospital of Choice _____ Hospital Phone Number _____
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 it.

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 pre-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 Permission for Playground

I permit my child to play on the playground equipment during Before & After School hours while under the supervision of the before & after care staff.

Parent Signature _____ Date _____

Parent Permission for Field Trips

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

PLEASE KEEP IN MIND THAT WE WILL HAVE AN INDIVIDUAL FORM
FOR THE PARENT TO COMPLETE FOR EACH FIELD TRIP.

Parent Signature _____ Date _____

Parent Permission for Film Viewing

I allow my child, _____, to view videos or movies at Meadowood Christian Before & After School Program.

Parent Signature _____ Date _____

Parent Permission for Sunscreen

I permit Meadowood staff to apply sunscreen that I have supplied, on my child.

Parent Signature _____ Date _____

Parent Permission for Medications

Medications (If your child requires the administration of medication during the hours of our care, please consult with the director to coordinate instructions.)

Is there anything special or extra we should know about your child?

In case of emergency, I authorize the program staff to directly contact the above named authorized “pick-up” contacts and the above named physicians to take the necessary action for the health and welfare of my child.

_____ Initials

I have fully read the terms, conditions and regulations of the parent handbook and agree to abide by them.

_____ Initials

I agree to keep my child signed in and signed out of the program each and every stay of the Before & After Care Program. _____ Initials

I agree to keep my child’s records current with the program, including any changes to contact information.

_____ Initials

I give permission for my child to watch rated G and/ or PG movies. _____ Initials

I give permission for the staff to photograph or video my child. _____ Initials

Enrolling Parent Signature _____ Date _____

Dismissal Policy

Meadowood Christian School reserves the right to dismiss a child from the Before & After Care Program whenever the relationship between the program 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 the child’s enrollment.

Student’s Name _____

Parent’s Signature _____ Date _____