

ADMISSION FORM

Child

| | | |
|--------------|---|-----|
| Name | Nickname | |
| Birthday | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Home Address | | |
| City | State | Zip |

Parent/Guardian

| | | | | |
|--------------|-------------------|---------------------|------------|-------|
| Name | Relation to Child | Place of Employment | | |
| Home Address | Email Address | | | |
| City | State | Zip | Work Phone | Phone |

Parent/Guardian

| | | | | |
|--------------|-------------------|---------------------|------------|-------|
| Name | Relation to Child | Place of Employment | | |
| Home Address | Email Address | | | |
| City | State | Zip | Work Phone | Phone |

Emergency Contact (friend or relative who should be contacted when parent/guardian cannot be reached)

| | | |
|--------------|--------------|--------------|
| Name | Relationship | Phone (Home) |
| Home Address | Phone (Cell) | |
| City | State | Zip |

Authorized Pickup (persons other than a parent to whom the child may be released)

Anyone picking up your child will be required to provide photo identification before your child will be released. Next Generation Preschool will not release your child to anyone that you have not authorized in writing or to anyone that cannot provide a photo identification.

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |

SEE BACK OF FORM

Next Generation Preschool

205 S. Ridgeway Dr.

Cleburne, TX 76033

817-645-9542

lw@ascensioncleburne.org

ADMISSION FORM – Continued

Special Care Needs

Diagnosed Allergies (Must provide an allergy action plan signed by physician)

☐ Milk ☐ Peanuts ☐ Tree Nuts ☐ Wheat ☐ Bee Sting ☐ Other _____

Describe Reaction: _____

Other Non-Allergy Diet Restrictions (Includes Sensitivity or Intolerance to Foods)

Existing Illness:

Previous Serious Illness and/or Injuries:

Hospitalizations During the Past 12 Months:

Medications Prescribed for Continuous, Long-Term Use:

(Medication Authorization Form will need to be completed for any medicines administered by the preschool)

Other Special Care Needs:

Child's Physician

Name of Physician

Hospital Preference (for emergency treatment)

Address

City

State

Zip

Phone

Emergency Medical Attention & Emergency Evacuation Authorization

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the preschool Director or designee to secure any and all necessary emergency medical care for my child. In addition, I authorize the staff of Next Generation Preschool and the Ascension Church to transport my child to another location if a situation occurs that makes it in the best interest of my child to evacuate the building. _____ (initials)

Photo & Media Consent

I consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the Next Generation Preschool Ascension Church webpage or Facebook page or class books. I understand that my name and my child's name along with pictures or videos may NOT be used in publications unless express consent is given. _____ (initials)

My signature below provides medical authorization, emergency evacuation authorization, and photo/media consent as stated above. I also acknowledge receipt of or access to (website) the Next Generation Preschool's Parent Handbook and Policies and Operational Procedures book. I understand that I must follow all aspects of the Next Generation handbook and operational policies and that if I have any questions, it is my responsibility to seek answers from the Director.

Parent/Guardian Signature:

Date: _____

ADMISSION CHECKLIST

Due at Registration

- Enrollment Agreement
- Admission Form (includes medical authorization, emergency evacuation authorization and photo/media consent)
- Registration Fee \$200.00/child for the year or \$100 per semester

Due On or Before First Day of School

- Current Immunization Records
- Hearing & Vision Screening (Pre-K students only)
- Health-Care Professional Statement (written statement from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care program or physician signature on provided registration form.)
- Signed Discipline & Guidance Policy
- Food Allergy Action Plan (applies to children with a diagnosed allergy)

Preschool Health Statement and Immunization Verification

Child's Name: _____
Date of Birth: _____

Admission Requirement: One of the following must be presented for your child to be admitted to the Next Generation Preschool.

Please check only one option:

1. _____ Health-Care Professional's Statement: *I have examined the above named child within the past year and find that he/she is able to take part in the Next Generation Preschool Program.*

Health-Care Professional's Signature

Date

2. _____ A signed and dated copy of a health-care professional's statement is attached.
3. _____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

Vision and Hearing Screening for 4-year olds:

Vision Results: _____

Hearing Results: _____

Comments: _____

Physician's Signature: _____

Immunization Record required for Admission

_____ I have provided Next Generation Preschool with a copy of my child's most current immunization record or state waiver.

Parent Signature: _____