

KIRKLAND CHILDREN'S SCHOOL ENROLLMENT APPLICATION

Child's Name _____
Last
First
Middle
Preferred Name

Birth date ____/____/____ Age ____
Years
Months
Gender: (circle) Male or Female

Days & time you wish your child to attend: (circle) M T W Th F Approx. hours: from ____ to ____

Starting date: _____ Termination date: _____

(circle) **Mother** **Father** **Guardian** (circle) **Mother** **Father** **Guardian**

Name _____ Name _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Cell Phone Number _____ Cell Phone Number _____

Employer _____ Employer _____

Business Phone Number _____ Business Phone Number _____

Social Security # _____ Social Security # _____

Email _____ Email _____

If parents cannot be reached, please identify persons whom we may contact and who may pick up your child (at least one contact is required). Children will not be released to individuals who are not on this list. ID will be required.

NAME OF CONTACT	PHONE NUMBER	RELATIONSHIP TO CHILD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Out of area contact _____ Phone # _____
(Required for our emergency/disaster plan)

How did you hear about us?

Is your child allergic to any foods? _____ If yes*, what food/reactions? _____
*Allergies require that a care plan be completed by a physician prior to enrollment.

Is your child intolerant to any foods? _____ If yes, what foods/reactions? _____

Are there any food restrictions? _____ If yes, what foods and why? (personal, religious) _____

What is your child's typical nap time schedule and routine? _____

Parental expectation of school: _____

Comments: _____

Health History:

Are there any health concerns with your child that we should be aware of*? _____ If yes, please specify: _____
*Chronic conditions require that a care plan be completed by a physician prior to enrollment.

Does your child have any *other* allergies (not food related)*? _____ If yes, please specify: _____
*Allergies require that a care plan be completed by a physician prior to enrollment.

How does your child react to allergens? _____

Doctor's name: _____ Phone #: _____

Date of last physical: _____

Has your child had any of the illnesses listed below?

Bronchitis _____	Date _____	Measles (Hard) _____	Date _____
Chicken Pox _____	Date _____	German measles (3 day) _____	Date _____
Hepatitis _____	Date _____	Mumps _____	Date _____
Scarlet Fever _____	Date _____	Whooping Cough _____	Date _____

Has your child had illnesses *other* than above? _____

How does your child typically act when he/she is ill? _____

Has your child been tested/treated for concerns about: Speech Hearing Vision Development Behavior
Other? _____

Is there any other information that you would like to share with us about your child? _____

Emergency Release

In the event that I cannot be located, I hereby give my consent to the school staff to administer first aid, call for emergency medical help, and/or transport my child to a medical facility to treat my child. I expect that a conscientious effort will be made to locate me or my designees.

Authorized Signature

Date

Field Trip/Off Premises Activity Authorization

I hereby consent and authorize my child to be allowed to participate in field trips. In addition, by signing this authorization, the parent or legal guardian is representing his/her child is physically capable of participating in field trips.

Authorized Signature

Date

Photography Release

I give Kirkland Children's School permission to photograph my child for the use of classroom and/or school displays.

Authorized Signature

Date