Application for Admission

Personal Information

Child's Full Name _____ Nickname_____

Birthday _____ Gender _____ Home Phone _____

Home Address _____

Name of Mother _____

Employer _____ Work Phone _____

Employer's Address _____

Church Affiliation _____

Name of Father _____

Employer _____ Work Phone _____

Employer's Address _____

Church Affiliation _____

List of Names of Person's to Contact when Parents cannot be reached

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Persons NOT authorized to visit and/or pick-up child _____

Name of Child's Physician _____

Address _____ Phone _____

Name of Preferred Hospital _____

Known Allergies _____

Health History of Child

Has your child had any of the following? (please include age)

Illness	Yes	No	Age
Chicken Pox			
Mumps			
Hepatitis			
Diabetes			
Measles			
Other (Please List)			

Does your child run high fevers easily (circle one)? Yes No

If your child has experienced any allergic reactions, how was it manifested?

_____

Has you child ever been to the dentist (circle one)? Yes No

Has your child ever had his/her vision checked (circle one)? Yes No

Has your child ever had his/her hearing checked (circle one)? Yes No

My child is (circle one) left handed right handed

Does your child have any speech problems (circle one)? Yes No

What time does your child eat breakfast _____ lunch _____ dinner _____

Please list any dietary restrictions _____

What times does your child go to bed at night? _____ awake in the morning _____

Does your child sleep well (circle one)? Yes No

Child's favorite indoor activities _____

Child's favorite outdoor activities _____

Does your child have any special fears (circle one)? Yes No
If yes, please explain _____

Please list any other concerns that we should be aware of _____

What method(s) of discipline is/are used at home? _____

How would you describe your child's personality? _____

_____

Family and Social History

(Please only answer if you feel the information will be helpful to use as we work with your child)

Marital Status of Parents _____

If separate or divorced, how long? _____

Are there custody/visiting arrangements (circle one)? Yes No

If yes, please explain _____

If child is adopted, age of adoption _____
Does your child know he/she is adopted (circle one)? Yes No

Please list any other centers, preschools, etc that your child has attended _____

_____

School Information

What school does your child attend? _____

Child's Grade _____

Will your child ride the Lovell bus (circle one)? Yes No

Do you wish for your child to work on homework at our school (circle one)? Yes No

Our children occasionally watch movies rate G AND PG. Do you have restrictions in which you do not wish your child to see? Please list _____

How did you first hear about Lovell Weekday Ministry? _____

General Record/Enrollment Form

Child's Name _____ Enrollment Date _____

Age _____ Date of Birth _____ Gender _____

Nickname(s) for your child _____

Address _____

Home Phone _____

Mother's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Father's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

In the event you are unable to pick up your child from LWM, please list the names of those individuals to whom your child may be released. Children will ONLY be released to authorized persons with a valid picture ID. See parent handbook

1. _____

2. _____

3. _____

Emergency Numbers (These will be used in the event we are unable to contact parents):

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Insurance Company Name: _____ Number _____

Policy Holder's Name _____ Number _____

In case of an accident or serious illness, I request LWM to contact me. If I cannot be reached, I authorize LWM to make whatever arraignments are necessary.

_____ _____

Signature Date

Parents Authorization Form for CDCC and GDCH

Child's Name _____

Discipline

Do you understand the discipline policy of this childcare facility (circle one)? Yes No
Does this childcare facility use corporal punishment as discipline (circle one)? Yes No
If so, do you give your permission for the staff to spank your child (circle one)? Yes No N/A

_____ _____
Signature *Date*

Medicine

I give permission for prescription and non-prescription medicine to be given to my child.

_____ _____
Signature *Date*

Emergency Medical Treatment

I give permission to Lovell Weekday Ministry to obtain emergency medical treatment for my child.

_____ _____
Signature *Date*

Person's Authorized to take my Child from Lovell Weekday Ministry

_____

_____

_____ _____
Signature *Date*

I give permission for my child to be transported to and from the childcare facility. I give permission for my child to be transported on field trips.

_____ _____
Signature *Date*

I give permission for my child to participate in swimming activities.

_____ _____
Signature *Date*

Lovell
Weekday Ministry

I (We) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of South Carolina Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

_____ _____

Parent/Guardian Signature Date

List of any restrictions _____

Address _____

Birthday _____ Allergies _____

Last Tetanus Booster _____

Any special medications or pertinent information _____

Mother's Phone _____ Work Phone _____

Father's Phone _____ Work Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Lovell
Weekday Ministry

Release Form

In the event that my child becomes ill or sustains and injury in the care of Lovell Weekday Ministry, I give my permission to those in charge to take whatever steps are necessary to stop an bleeding. If it is not possible to reach the doctor named below or to receive my instructions for his/her care, consent is given to any licensed physician and/or surgeon called upon, to whom my child is taken, for treatment by them, or to administer drugs or medications, and perform such surgical procedures as he/she shall think the emergency requires for the relief of pain and to preserve his/her life and health. I will be responsible for all expenses incurred by such an illness or injury.

_____ _____

Parent/Guardian Signature Date

Physician's Name _____ Phone _____

Physician's Address _____

Emergency Hospital _____

Please check below any of the following that your child has had:

	Hay Fever		Polio		Valley Fever
	Asthma		Meningitis		Rheumatic Fever
	Eczema		Diabetes		Joint Pain
	Hives		High Blood Pressure		Epilepsy
	Jaundice		Bronchitis		Tuberculosis
	Undulant Fever		Phenomena		Muscular Disorder
	Anemia		Earache		Fainting

Does your child have Allergies?

Child's Name _____

Classroom _____

Food Allergies _____

Reactions _____

Treatments _____

Environmental Allergies _____

Reactions _____

Treatments _____

Medicine Allergies _____

Reactions _____

Treatments _____

Lovell Weekday Ministry

Picture Permission

I, _____, give permission for my child's pictures to be posted on Lovell Weekday Ministry's private Facebook page.

Child's Name _____

_____ _____

Parent/Guardian Signature Date

Lovell Weekday Ministry

The following items shall be kept confidential and cannot be copied, posted on a website or disclosed to unauthorized person without written consent from the child's parent.

These items include enrollment records, emergency information, photographs, information that may identify a child's name or address, and any other information about the family and/or child (Example, custody/divorce issues).

Information about children will be shared with staff on a need to know basis. Staff will not share any information about the children other then their child (Example: If a child hurts another child, teachers cannot share the name of the child who hit with the parents of the child who was hit).

Teachers cannot give out personal information of co-workers, children and/or families enrolled in the center; such as, phone numbers and/or addresses.

Termination will result if an employee is found to violate this policy.

_____ _____

Parent/Guardian Signature Date

E mail Request Form

Please Print Clearly

Child Name: _____

Child Classroom: _____

Mother Name: _____

Mother E mail: _____

Father Name: _____

Father E mail: _____