

Calvary Baptist Church	
<b>Calvary Preschool and Kindergarten</b>	
<input type="checkbox"/> K3 3-day Program (TWH)	*All K3, K4, K5 Programs are 8am-12pm
<input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> K5 5-day Program (M-F) (Check One)	
<input type="checkbox"/> Extended Day <input type="checkbox"/> K3 <input type="checkbox"/> K4 <input type="checkbox"/> K5 (Check One) (Program time 12-5:15pm)	

G. Child's preadmission record

DI-IR-CDC-739

## CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility home/center.

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: (
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: (	Employer's Telephone Number: (
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person s to be contacted in an emergency if parents/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number:

### Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

# Calvary Preschool and Kindergarten

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Preadmission Record (continued) - page two of two -form not valid without first page

Describe any special needs or instructions below:


Person s the child may be released to:

Name	Relationship to child	Address	Tele hone number

I understand mat me Department of Human Resources does not inspect activities away from me child care facility (home or center). The licensee of me child care facility assumes full responsibility for such activities.

\_\_\_\_\_

Signature of parent/guardian                      Date

I give permission for my child to participate in:

	Circle es or no and si n each line		Signature of parent/guardian	Date
	yes	no		
Activities away from the facility:				
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's parent/guardian in each space indicated above.

\_\_\_\_\_  
This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

\_\_\_\_ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.