

Weekday Ministry

Pre-Admission Record

Desired Date of Enrollment _____
 ___ Full-time Care (6 weeks-K2)
 ___ MMO-A (1 year/walking-23 months) ___ M ___ T ___ W ___ H ___ F (check desired days)
 ___ MMO-B (2 years old) ___ M ___ T ___ W ___ H ___ F (check desired days)

Child's Name _____ **Birthdate** _____ **Sex** _____

Name Child Called at Home: _____ Photos can be taken: ___ Yes ___ No

Parent's Relationship to each other: ___ Married ___ Divorced ___ Separated ___ Single

Child Lives with (Check all that apply): ___ Mom/Dad ___ Mom ___ Father ___ Other _____

Name of Church Parent's Attend Regularly: _____

How did you find out about our program? _____

Mom's Name:	Dad's Name:
Mom's Address:	Dad's Address:
Mom's Cell/Home Phone:	Dad's Cell/Home Phone:
Mom's Email	Dad's Email:
Mom's Employer:	Dad's Employer:
Mom's Employment Address:	Dad's Employment Address:
Mom's Work Phone: (ext.)	Dad's Work Phone: (ext.)

Emergency Contacts/Persons whom your child can be released to:

Name	Relationship to Child	Phone Number	Address

Describe any special needs/allergies and instructions below:

Signature _____ Date _____

Name of Child's Doctor:	Address:	Telephone Number:
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Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Calvary Weekday Ministry and Calvary Preschool and Kindergarten staff to transport my child to Flowers Hospital Emergency Room or to the following hospital: _____

I agree to be responsible for any emergency medical expenses incurred. I give consent for any and all treatment deemed necessary by the attending physician.

Signature of Parent/Guardian: _____ Date: _____

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities.

I give permission for my child to participate in: (Circle yes/no and sign each line)

Activities away from the facility	Yes	No	Signature of Parent/Guardian	Date
Transportation provided by the facility:	Yes	No	Signature of Parent/Guardian	Date
Swimming/wading activities provided by the facility:	Yes	No	Signature of Parent/Guardian	Date

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

Internet/Photo Release

Calvary Weekday Ministry/Preschool and Kindergarten have separate Facebook pages and webpages included with Calvary Baptist Church that occasionally feature the faculty, staff, and our students, information about our programs, announcements and more. We feel this is an important way to keep our families informed of activities and events. At times, we may post photos of children on our Facebook pages or our website. Under no circumstances will a child's last name, address, or phone number be listed on our website or social media or any publication involving Calvary Weekday Ministry/Preschool and Kindergarten.

For these reasons, we are asking for your permission to use your child's photograph on our website, social media, or in publications.

<input type="checkbox"/> I DO , following the limitations outlined above, grant my permission to use my child's photograph on the website, social media, or in other printed publication associated with Calvary Weekday Ministry/Preschool and Kindergarten.	<input type="checkbox"/> I DO NOT , grant my permission to use my child's photograph on the website, social media, or other printed publications associated with Calvary Weekday Ministry/Preschool and Kindergarten.
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Child's Name: _____ Birthdate: _____

Signature of Parent/Guardian: _____ Date: _____

This section 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.

___ In Tuition Management ___ Paid Registration ___ Paid Newborn Reservation (Cash/Check #)

Emergency Medical Information

Child's Name _____ Birthdate _____
Address _____ Phone _____
_____ Zip Code _____
Father's Name _____ Phone _____
Father's Employer _____ Phone _____
Mother's Name _____ Phone _____
Mother's Employer _____ Phone _____
Child's Doctor _____ Phone _____

Persons to be contacted if Parent/Guardian cannot be reached: (please put in order of how to call)

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Allergies to: Food _____ Medication _____

Medication taken on a regular basis _____

Calvary Weekday/Calvary Preschool and Kindergarten has my permission to take my child to,
_____ to the Emergency Room and then notify me.

Name of Medical Insurance Company _____

Name of Policy Holder _____ Policy Holder's Birthdate _____

Policy Number _____ Group # _____

Participant's Social Security Number _____

Child's Social Security Number _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____