

LITTLE BLESSINGS APPLICATION FOR ADMISSION 2018-2019

Child's Last Name _____ First Name _____ Sex _____

Child's name used at school _____ DOB ____/____/____

Address _____ City _____ Zip _____

Subdivision and School District _____

How did you hear about Little Blessings? _____

Mother/Guardian:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Employer: _____

Marital Status: _____

Church Affiliation: _____

Alleluia! Church Member Yes/No

Siblings (name, birth date) _____

Other adults living with the child _____

Father/Guardian:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Employer: _____

Marital Status: _____

Church Affiliation: _____

Alleluia! Church Member Yes/No

*****DCFS requires 1st year students to present a Birth Certificate at the time of registration.**

All new students must have a completed Illinois medical form on file prior to starting Little Blessings.

Physicals cannot be older than 6 months prior to the first day of school. A child's physical is good for 2 years at Little Blessings.

Per the U.S. Department of Education and Illinois State Board of Education requirement please answer the following 2-part question.

Is your child's ethnicity Hispanic or Latino? No, not Hispanic/Latino Yes, Hispanic/Latino

Your child's race: (choose one or more, regardless of ethnicity status selected above): American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Other pacific Islander

White

EMERGENCY INFORMATION

Physician's Name _____ Address _____ Phone _____

ALLERGIES AND OTHER MEDICAL CONDITIONS (Please explain checked item below)

Allergies Epilepsy Asthma Heart Problems Recurring Illness Diabetes Other

Explain: _____

Allergies: Food: _____ Other: _____ Epi-pen Yes/No

Emergency contacts* other than Parent/Guardian: (*List at least two persons.*)

Name Home Phone/Cell Phone Relationship

1) _____

2) _____

***Emergency contacts will be authorized to pick up.**

Persons authorized to pick up my child at Little Blessings Lutheran Preschool*

Name Home Phone/Cell Phone Relationship

1) _____

2) _____

3) _____

4) _____

***Child will not be released to anyone else without written notice from parent.**

AUTHORIZATION

In the event of an illness or accident which requires EMERGENCY MEDICAL TREATMENT at a time when a parent cannot be reached, I give permission for the director, or other preschool personnel designated by the director, to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, or other persons listed for emergency contact.

Date _____ Signature of parent/guardian _____

Please answer the following questions:

I give permission for my child to be included in photographs that may be used for publicity purposes (including photos without children's names on the Little Blessings website and Face book page). **Yes/No**

I give permission for Little Blessings Preschool to distribute classmates' addresses and telephone numbers. **Yes/No**

I give permission for Little Blessings teachers to send e-mail photos to my child's classmates. **Yes/No**

I have read and agree to comply with the policies set forth in the "Parent Handbook" while my child is enrolled at Little Blessings.

I understand that Little Blessings programs are set in a Christian environment with religious emphasis as part of the activities.

I give permission for the staff to administer any necessary emergency first aid or CPR measures for which they are trained. If further care is needed, a parent will be notified.

Whenever possible, non-chemical methods (sticky traps and baiting) are used to control pests. Chemical methods will not be used when children are present, and if it becomes necessary to use chemical methods, parents will be notified at least two days prior to the weekend application.

I understand that all children will be photographed by a qualified school portrait company each fall unless otherwise requested. I give my permission to Little Blessings to provide my address to the portrait company for billing purposes only.

I/We have read, understand, and agree to Little Blessings Preschool program, discipline and late pick-up policies, as contained in the 2018-2019 policy and program information, concerning the care of my/our child.

Parent/Guardian Signature _____ Date ____/____/____

CHILD'S DEVELOPMENTAL HISTORY

Is another language spoken at home? _____ What language? _____

Did your child attend Little Blessings last year? **Yes/No** Teacher: _____

Developmental or speech concerns: **Yes/No** Please explain: _____

Does your child have any fears the teacher should know about? _____

How would you describe your child's personality? _____

In what ways would you like to see your child develop at Little Blessings? _____

Are there activities in which your child needs extra encouragement? _____

Other information you would like us to know about your child? _____

I/We, _____ Parent/Guardian of _____, hereby certify that I/we

Please Print Parent/Guardian Name(s)

Child's Name

have received a copy of Summary of Licensing Standards and other materials published by the Illinois Department of Children and Family Services: _____

Signature(s) of Parent/Guardian

Date