

# LITTLE BLESSINGS APPLICATION FOR ADMISSION 2021-2022

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_  
Child's name used at school \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
Subdivision and School District \_\_\_\_\_

## Mother/Guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
Siblings (name, birth date) \_\_\_\_\_  
Other adults living with the child \_\_\_\_\_

## Father/Guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

**\*\*\*DCFS requires 1<sup>st</sup> 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, PREFERENCES AND MEDICAL CONDITIONS (Please explain checked item below)

Allergies  Vegetarian  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.*) Emergency contacts will be authorized to pick up.**

	Name/Address	Home Phone/Cell Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____

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

(To be used when parent/guardian is unavailable in the event of illness, accident, or emergency school closure.)

	Name/Address	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 give permission to Little Blessings teachers to apply sunscreen, which I have provided, to my child.

I/We have read, understand, and agree to Little Blessings Preschool program, discipline and late pick-up policies, as contained in the 2021-2022 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