

ADMISSION INFORMATION

Operation Name Fairmont Preschool		Director's Name Whitney Terrell		2022-2023	
Child's Full Name (last, first, middle)			Child's Date of Birth	Please circle one: M or F	
Child's Home Address (include city and zip)				Child's Home Telephone No:	
Date of Admission / /	Date of Withdrawal / /	Please Circle One: T/W/Th 9a-2p or		Hours of Operation: *Extended Care T/W/Th 8a-3p	
Parent's or Guardian's Name (both parents, if applicable)			Address (if different from child's address)		
List telephone numbers below where parents/guardian may be reached while child will be in care:					
Parent's Telephone No.		Parent's Telephone No.		Guardian's Telephone No.	Cell Phone No.
Give the name, ADDRESS and phone number of person to call in case of an emergency if parents / guardian cannot be reached:					Relationship
*I hereby authorize the childcare operation to release my child to leave the child care operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of ID.					
Name and Phone Number:		Name and Phone Number:		Name and Phone Number:	

*Please see Director for the form to add more designees

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		<input type="checkbox"/> for emergency care			
2. <input type="checkbox"/> FIELD TRIPS: Currently Not Offered		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Field Trips:	
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in these Water Activities:	
<input type="checkbox"/> sprinkler play		<input type="checkbox"/> splashing/wading pools		<input type="checkbox"/> swimming	
				<input type="checkbox"/> water table play pools/water slides	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance (Parent Handbook).			
5. I UNDERSTAND THAT DAILY MEALS* WILL NOT BE PROVIDED FOR MY CHILD WHILE IN CARE.					
<input type="checkbox"/> Please send a healthy lunch, snack and 2 drinks daily for Toddlers through Pre-K					
*SCHEDULED PIZZA DAY IS INCLUDED IN PRICE OF TUITION					
6. MY CHILD HAS A CUSTODIAL COURT ORDER IN EFFECT. Yes or No					
SCHOOL.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
I HAVE SUPPLIED A CERTIFIED COPY TO FAIRMONT PRE-SCHOOL.					

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child. I understand that I am responsible for any costs incurred due to emergency care.		
SIGNATURE - Parent or Legal Guardian		

List any special problems that your child may have, such as **Doctor-diagnosed FOOD ALLERGIES**, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: (use the back if necessary)

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY)

2022-2023

IMMUNIZATION RECORD:

I have provided the childcare operation (FP) with a copy of my child's most current immunization record.

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ ***Health Care Professional's Signature*** _____ Date

2. A signed and dated copy of a health care professional's statement is attached.

Name and address of above **health care professional** *Please Print*:

X

_____ **SIGNATURE** - Parent or Legal Guardian _____ **Date**

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____	REQUIRED FOR PRE-K4 CLASS ONLY SCREENING DONE BY OUTSIDE SOURCE AND COST IS INCLUDED IN SUPPLY FEE		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R			
L			
SIGNATURE _____	DATE _____		

I wish to enroll my child in Fairmont Preschool and will update any information that may change throughout the school year (address, phone numbers, immunization records, designees, etc.) in a timely manner.

X

_____ **SIGNATURE** – Parent or Legal Guardian

_____ **Date**

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