



Pikeville United Methodist Church Preschool

"GENESIS KIDS"

"The beginning of a lifelong journey of faith and learning"

107 Main Street - Post Office Box 311 -Pikeville, Kentucky 41502

606.437.7315

www.pikevilleumc.org

Received: _____
Check # _____
BC <input type="checkbox"/> Physical <input type="checkbox"/> Immun. <input type="checkbox"/>
agreement <input type="checkbox"/> pic permission <input type="checkbox"/>
field trips <input type="checkbox"/> med permission <input type="checkbox"/>
Office Use Only

APPLICATION FOR ADMISSION INTO THE PRESCHOOL PROGRAM

The following information is important to us. Each item needs to be answered. This will help the teachers understand your child and be able to better meet his/her needs. This application is held in confidence by the teachers, and filed in a secure place. **An enrollment fee of \$85 is required and is nonrefundable. We must have a copy of the child's birth certificate immunization record and physical on file for your child's record to be complete. Incomplete forms will be returned.**

CHILD'S FULL NAME _____ **BIRTH DATE** _____

What name will your child use in school? _____ Male Female

Mailing Address _____
City State Zip

911 Address (if different from above) _____

PARENT/GUARDIAN INFORMATION

FATHER
Name _____
Marital Status _____
Address if Different _____
Place of Employment _____
Work Address _____
PHONE:
Home _____
Cell _____
Work _____
E-mail _____

MOTHER with Maiden Name
Name _____
Marital Status _____
Address if Different _____
Place of Employment _____
Work Address _____
PHONE:
Home _____
Cell _____
Work _____
E-mail _____

PERSON PERMITTED TO PICK UP CHILD OTHER THAN PARENT

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE</u>

NAME OF PERSONS WHO ARE NOT PERMITTED TO PICK UP YOUR CHILD

If there is a separation or divorce custody problems of which we should be aware, please explain:

(revised 2010)



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SOCIAL INFORMATION

Name your child responds to _____

THESE PERSONS LIVE WITH ME:

NAME	RELATION TO ME	LIST AGE OF SIBLINGS

What kind of group experience has your child had? _____

Are your child's playmates (select all that apply) - Girls Boys Younger Older

Does he/she accept new people easily? _____

Does he/she have any particular fears? _____

Nervous habits? _____

Is there any area which you feel requires particular attention? (kicking, biting, etc.)

When you find it necessary to discipline your child, what is the discipline? _____

Other comments or special instructions? _____



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PHYSICAL INFORMATION

Does your child have any unusual eating problems, food preferences or dislikes?

Any allergies? _____

Special medications? _____

How does he/she state his/her need to go to the bathroom?

Other comments or special instructions _____

Please describe your child's likes and dislikes _____

What do you expect your child to gain from this preschool experience? _____



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HEALTH FORM TO BE FILLED OUT BY PARENT

Name of Child _____ Sex _____ DOB _____

Family Medical History:

Is there any family history of disease such as tuberculosis, rheumatic fever, convulsive disorder, etc?

Yes No

If yes, specify _____

PERSONAL MEDICAL HISTORY:

Has the child ever been seriously ill? _____ If yes, please give details _____

What childhood disease(s) has the child had? _____

Are there any allergies? _____

Does the child hear well? _____

Is there any visual difficulty? _____

Is there any speech difficulty? _____

Are there any physical special needs? _____

Is your child a picky eater? _____

Does he/she sleep at least eight hours each night? _____

Name of child's physician _____

Address _____

Phone _____



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Field Trip Permission Slip

I GIVE permission for my child _____ to leave the preschool building for trips to the park, walks within the city (i.e. trick or treating) and to take trips in the church van. *You will always be informed before these trips are taken.*

I DO NOT GIVE permission for my child _____ to leave the preschool building for trips to the park, walks within the city (i.e. trick or treating) and to take trips in the church bus.

Date

Signature of Parent/Guardian



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PARENTAL EMERGENCY/MEDICAL CONSENT

Permission for medical care in parental absence. (This form must be presented upon admission for treatment.)

CHILD'S FULL NAME: _____

In the event that my child may require emergency medical and /or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the

_____ and doctor _____

to provide this care. I agree to pay all costs as secured or authorized under this consent.

Signature of parent/legal guardian X _____

Printed name of parent/legal guardian _____

Address _____

Home Phone _____ Work and/or Cell Phone _____

Doctor _____

Phone _____

Address _____

Hospital of preference _____

Person(s) to be contacted in emergency if parents are unavailable:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

This consent will be in effect beginning our first day of school and continuing while the child is enrolled at this preschool.

(TO BE FILLED OUT BY THE CHILD'S PHYSICIAN)

PHYSICAL EXAMINATION:

Child's Name _____

Age _____ Height _____ Weight _____

General Vitality _____ Any abnormality of Skin _____

Glands _____ Head _____ Eyes _____

Ears _____ Nose _____ Throat _____

Lungs _____ Mouth/Teeth _____ Heart _____

Abdomen _____ Genitalia _____ Extremities _____

Neurological _____

If "YES" is answered to any items, give details: _____

Is there any special medical situation of which the school should be aware? _____

Any particular emotional or behavioral problem? _____

Date of Examination

Signature of Physician

COPY OF IMMUNIZATION RECORD IS REQUIRED ALSO

**Physical exam may be sent in as late as opening of school year.*