

Denver Christian Academy Pre-School

Application for Enrollment

Child Information:

Child's Name (Last, First, Middle Initial)	Nickname or Preferred Name	Date of Birth
Home Phone Number	Home Street Address	
City, State		Zip Code
Allergies (if any, if not list "N/A")	Special Health Conditions (if any, if not list "N/A")	

Family Information:

Who does the child reside with (Mom, Dad, Both Parents, Guardians, etc.)? _____

If separated/divorced, do both parents have custody rights to pick up the child? _____

Father/Guardian 1:

Parent's Name (Last, First, Middle Initial)	Employer/Company	Daytime/Work Phone Number
Home Phone Number	Home Street Address	
City, State		Zip Code
Cell Phone Number	Email Address (Both Work & Personal)	

Mother/Guardian 2:

Parent's Name (Last, First, Middle Initial)	Employer/Company	Daytime/Work Phone Number
Home Phone Number	Home Street Address	
City, State		Zip Code
Cell Phone Number	Email Address (Both Work & Personal)	

Emergency Contacts (When Parents/Guardians are not available):

Child will only be released to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals:

Name:	Phone:
Name:	Phone:

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Authorized Pick-Up (Please list the people who can pick up your child):

Name:	Phone:
Name:	Phone:
Name:	Phone:

Health Care Needs:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? ☐ Yes ☐ No

List any allergies and the symptoms and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response for these:

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

Emergency Medical Care Information:

Doctor's Name:	Phone:
Hospital Preference:	Phone:

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Parent Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Preschool Director: _____ Date: _____