



LKSD Preschools
ENROLLMENT APPLICATION FORM
2011/2012



LKSD Staff use only	Date:	
The following forms are required for a completed application	Application	
	Emergency Information Card (yellow form)	
	Preschool Enrollment Form (for Student Records Dept.)	
	Immunizations record or certified Exemption Form	
	Payment/Discipline policy signed	
	Copy of payment agreement from ONC/OCS (if apply)	

INSTRUCTIONS

This form can be filled on your computer and then printed, please only type on the gray spaces, when finish sign on the required spaces. Otherwise please print clearly, using black ink or typewriter.

Remit your filled application to LKSD Preschool to the address below, or bring it to 1004 Ron Edward St. (green building left side), you can set up a visit of the facility as your desire.

Preschool of your preference :
Busy Bees: <input type="checkbox"/> Kusko Cubs: <input type="checkbox"/> Both: <input type="checkbox"/>
Do you qualify for free or reduce price meals under the State of Alaska Income Guidelines?:

Child History Form

Child:		
Name:		Nickname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:	
Ethnicity: <input type="checkbox"/> Alaskan <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other:		
Date of Birth:	Child's Age on 8/1/11:	Tribal Card ID #:
Sibling Information:		
Names:		Ages:
Other Person (s) living in home:		
Name:		Relationship:
Name:		Relationship:
Adopted/Foster/Step Children:		
If the child is adopted, foster child, step child or if the parents are divorced please provide any information regarding the child's past history or custody arrangements that will be helpful to our staff.		
Languages spoken at home:		
Nap/Quiet Time (All children will participate in quiet time)		
Do you want your child to take a nap? <input type="checkbox"/> yes <input type="checkbox"/> No		
If so, how long?		



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Potty Training (child must be potty trained)	
Can your child use the toilet independently?	<input type="checkbox"/> yes <input type="checkbox"/> No
Is your child in the potty training process?	<input type="checkbox"/> yes <input type="checkbox"/> No
Medical Care	
Child's usual source of medical care:	
Dr.'s Name:	Phone:
Insurance Provider:	Policy:
Medication/Medical Treatment:	
Is there any medication/medical treatment required by your child?	<input type="checkbox"/> yes <input type="checkbox"/> No
If yes, explain:	
Allergies (if your child have allergies, please contact with preschool leader for more information)	
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Treatment:	
Child's Special Needs	
Does your child have special needs?	<input type="checkbox"/> yes <input type="checkbox"/> No
Please explain:	
Previous Child Care Information: (Please include home care, family day care, preschools, etc.)	
Has your child had previous childcare?	<input type="checkbox"/> yes <input type="checkbox"/> No
Name of Facility:	
Address:	
Name of Primary Caregiver:	Phone:
Dates of Attendance: From:	To:
Please tell us about your Child (likes, dislikes or any information that will be helpful to our staff)	

Parents or Legal Guardians

Primary Sponsor:	
Name:	
Address:	Home Phone:
Occupation:	Work Phone:
Employer:	Cell Phone:
Email Address:	PIN: 4-6 digits for password (LKSD employees SSN)



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Secondary Sponsor:	
Name:	
Address:	Home Phone:
Occupation:	Work Phone:
Employer:	Cell Phone:
Email Address:	PIN: 4-6 digits for password (LKSD employees SSN)
Contacts (Person to be called in case of an EMERGENCY when parents cannot be reached)	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	
Name:	Relationship:
Address:	Phone:
Authorized Persons to take child from Child Care: <input type="checkbox"/> yes <input type="checkbox"/> No	

Acknowledgement

This is to verify that we _____ and _____ parent/guardian of _____ have received, read, and fully understand the LKSD Preschool Parent Handbook and agree to comply with the policies and procedures stated.

Name (please print) _____

Relationship: _____

Name (please print) _____

Relationship: _____

Signatures: _____



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Field Trip Permission Form (only for Busy Bees)

I give permission for _____ to attend the following field trip:
Friday's Morning Showcase during the 2011-2012 school year.

Location: _____ M.E. School
Transportation will be provided by: _____ Walking

Parent Signature: _____

Daytime Phone Number: _____

Photo Release

I certify that I am the parent and/or guardian of _____, a student of the Lower Kuskokwim School District (LKSD). I give my permission as parent or guardian, for both LKSD to publish photographic pictures of the above named student, to be used for educational purposes in the LKSD newsletters, posters, or any other material that will represent the district in a positive and beneficial way.

Parent Signature: _____