



Wallula Christian preschool

APPLICATION FOR ADMISSION

School Office

23785 139th Street
Leavenworth, KS 66048

Phone Number: (913) 727-3518

Website: wallula.org/preschool

Director Email: wcpdirector@wallula.org

Wallula Christian Preschool admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, physical handicap, race, color, nationality, ancestry or ethnic origin in administration of educational education, admissions, scholarships, athletics, or other preschool administered programs.

Please print neatly. This application must be completed in full, signed and delivered to Kelly Billings, Director, before your child will be able to begin school. The non-refundable registration fee of \$85 must accompany this application.

Kansas Department of Health and Environment

Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility WCP

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family Please see attached sheet.

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. Please see attached sheet for authorized pick up / emergency notification contacts.

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Ear Aches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech, Visual, Hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child.

Parent/Guardian Signature: _____ **Date:** _____

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PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Wallula Christian Preschool			0018163	
Street Address of the Facility		City	Zip Code	County
23785 139 th Street		Leavenworth	66048	Leavenworth

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
WCC Gym	23785 139 th Street	Leavenworth		XXXX
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
WCC Sanctuary	23785 139 th Street	Leavenworth		XXXX
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
WCC Outside Grounds	23785 139 th Street	Leavenworth		XXXX
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

My child may be released to ONLY the parent/guardian or those listed below,
if parent/guardian is not available. Persons must provide photo ID when picking up student.

CONTACT 1		CONTACT 2	
NAME		NAME	
RELATIONSHIP		RELATIONSHIP	
PHONE NUMBER		PHONE NUMBER	
ALT PHONE NUMBER		ALT PHONE NUMBER	
CONTACT 3		CONTACT 4	
NAME		NAME	
RELATIONSHIP		RELATIONSHIP	
PHONE NUMBER		PHONE NUMBER	
ALT PHONE NUMBER		ALT PHONE NUMBER	

Child Information

Name to use for name recognition & letter practice:	
If parents are separated, with whom does the child reside with during the week?	
Name and age of siblings:	
Church family attends:	
Is a language, other than English, spoken in the home?	
What are your child's interests and/or hobbies?	
Current medications taking?	
Any physical difficulties?	
Any medication allergies? Reaction if taken by mistake?	
Any food allergies? Reaction if consumed by mistake?	

I Agree That:	YES/NO
My child will be picked up promptly unless prior arrangements have been made.	
Pictures of my child may be used in newspapers, the school website, or official WCP Facebook (names are kept anonymous).	
WCP will notify the parent/guardian whenever the student becomes ill and they agree to pick up the child as soon as possible. The parent authorizes WCP to obtain immediate medical care if a medical emergency occurs.	
We have read and understand the tuition and fees policy in the 2019-2020 Student Handbook.	
We understand and agree to the preschool rules and regulations outlined in the 2019-2020 Student Handbook.	

Enrollment Agreement:

Wallula Christian Preschool recognizes that while some parents and students may not have personal convictions wholly in the accordance with the above statement of standards, the purpose underlying them necessitates the honorable obedience to them. If in conscience, we as parents can no longer in integrity conform to them, we pledge that we will not try to change the preschool to fit our child's need, but will withdraw him/her from the preschool.

We do hereby state that having made a thorough investigation of the philosophy, curriculum, statement of faith, discipline and policies of the preschool, we pledge to make this our glad hearted choice for the coming year. We pledge as parents, our sincere support of the above standards and policies.

(All parties having legal custody of the child must sign)

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Office Use Only

Admitting Officer: _____ Date: _____

Class Assignment: _____

Registration Fee: Total \$ _____ Check # _____ Cash _____ Online _____