



Wallula Christian
preschool
APPLICATION FOR ADMISSION

School Office
23785 139th Street
Leavenworth, KS 66048

Phone Number: (913) 727-3518
Director Email: mary@wallula.org
website: wallula.org/preschool

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 Mary Pavek, Director before your child will be able to begin school. The non-refundable registration fee of \$70 must accompany this application.



**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_____

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_____

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. _____

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:_____

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



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Wallula Christian Preschool & Childcare Center			0018163-011	
Street Address of the Facility		City	Zip Code	County
23785 139th 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 WCC Gym	Street Address 23785 139th Street	City Leavenworth	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

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

Place WCC Outside Grounds	Street Address 23785 139th Street	City Leavenworth	By Vehicle	Walk/Bike Walk
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	



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
Wallula Christian Preschool & Childcare Center	0018163-011

I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and _____ **Until End of Care**.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

Person(s) to Contact if Parent/Guardian Not Available:

Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	

My child may be released to only the persons signing this form, or to the following persons:

Name:	Phone:	Relationship:

Child Information:

Does your child have a different name you would like us to call him/her at WCP? Is a language other than English spoken in the home?	
What is the cultural/ethnic heritage of the family?	
What are your child's interests and at home play activities? What foods does your child dislike? Does your child regularly take a rest in the afternoon? For how long?	
Does your child have any specific fears? (e.g. storms, animals, insects, etc.)	

The following are questions asked to help us serve any special needs your child may have within a program that is inclusive to all children. All information is kept confidential.

Was your child born before 37 weeks gestation?	
Does your child have a physical disability?	
Does your child have difficulties with language or learning that you know of?	
Is your child receiving any special services? (Physical therapy, speech therapy, behavioral therapy, etc?)	
Who is providing those services listed above?	

I Agree That:	YES/NO
My child will be picked up promptly unless prior arrangements have been made.	
<p>Pictures of my child may be used in newspapers, the school website, or official WCP Facebook (names are kept anonymous).</p> <p>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.</p> <p>We agree to pay full tuition as long as our child remains enrolled at WCP and understand that credit will not be given for missed days for any reason.</p>	
<p>If it is necessary to withdraw the child from WCP for any reason, we will do our best to give 2 weeks notice to the director. Tuition will be due and payable for the month of withdrawal.</p> <p>We have read and understand the tuition and fees policy. We agree to pay our child's tuition according to the schedule of payments (1st Tues of the month). We understand that a \$20 late fee will be charged if our account is overdue. No tuition fees may become 2 months delinquent. If tuition is not received by the first Tuesday of the second month, the student may be withdrawn from WCP. Appeals to this policy must be discussed with the treasurer and/or director.</p> <p>We understand and agree to abide by the preschool rules and regulations.</p>	

Enrollment Agreement:	
<p>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.</p>	
<p>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.</p>	
<p>(All parties having legal custody of the child must sign)</p>	
<p>_____ Mother/Guardian Signature</p>	<p>_____ Date</p>
<p>_____ Father/Guardian Signature</p>	<p>_____ Date</p>

Office Use Only	
Admitting Officer: _____	Date: _____
<p>Class Assignment: _____ T/W/TH Morning (Younger 3 & 4 year olds) _____ T/W/TH Morning (4 year olds) _____ M-TH Afternoon (Older 4 & 5 year olds) _____ T-TH Afternoon (Older 4 & 5 year olds)</p>	
Registration Fee: Total \$ _____	Check # _____ Cash _____