

STUDENT APPLICATION FORM

Kinder Garden

4545 Rainbow Drive
Rainbow City, AL 35906
256-413-3010

(Please print or type.)

Date of Application _____

Grade Applying for _____

I. STUDENT INFORMATION

Last Name _____ First Name _____

Middle Initial _____ Goes By _____

Social Security # _____ - _____ - _____ Birthday _____

Age _____ Male _____ Female _____ Ethnic Origin _____

II. PARENT/GUARDIAN INFORMATION

(Please list father's information first unless he does not live with student. If student lives only with mother, list her first.)

PARENT #1:

Last Name _____ Title (Rev. Mr. Mrs. Ms.) _____

First Name _____ Cell Phone _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Work Phone _____

Name of Employer _____

SS # _____ Marital Status (*Circle One*): Married Single Divorced
Separated Widowed

Relation to Student _____

Spouse's name (*if other than below*) _____

PARENT #2:

Last Name _____ Title (Rev. Mr. Mrs. Ms.) _____

First Name _____ Cell Phone _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Work Phone _____

Name of Employer _____

SS # _____ Marital Status (*Circle One*): Married Single Divorced
Separated Widowed

Relation to Student _____

Spouse's name (*if other than below*) _____

Who does student live with? _____

If student does not live with parent(s), who has legal custody?

Name _____ Relationship _____

Who is responsible for paying school bills?

Name _____ Relationship _____

Signature _____ Member of Life Church? _____

Address (if not listed above): Street _____

City _____ State _____ Zip _____ Phone _____

EMERGENCY CONTACTS (*List name, relationship, home & work phone*):

List any persons other than parents who are AUTHORIZED TO PICK UP CHILD FROM SCHOOL.

Does this student have any physical or emotional problem which requires special medications? If yes, please explain.

Has this student ever been referred or tested for learning disabilities or special education services? _____
If yes, please explain. _____

Explain briefly why you want a Christian education for your child.

Why did you choose Kinder Garden? _____

How did you hear about Kinder Garden? _____

III. MEDICAL INFORMATION

Is this student allergic to any medicines? _____ If yes, what are they? _____

List any medications this student is taking.

(See student handbook for further information about our policy on dispensing medications.)

Circle/list the diseases this student has had:

Whooping Cough	Chicken Pox	Measles	HIV/AIDS
Rubella	Polio	Meningitis	
Scarlet Fever	Tonsillitis	Tuberculosis	

List any handicaps or limitations this student has (Including speech, hearing, vision, coordination, learning, etc.): _____

CONSENT FOR MEDICAL TREATMENT

In the event that my child(ren) become(s) ill or is injured while under school supervision, I approve the Kinder Garden authorities to take the following steps:

1. If only a minor illness or injury, administer the appropriate general medications authorized above.
2. If the illness or injury is more serious, contact a parent, legal guardian or a person listed above as an emergency contact and follow his or her instructions.
3. In the event of an emergency when a parent, guardian or emergency contact cannot be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done either by school provided transportation or, if school officials deem it wise, by ambulance.

For information only, the name of the child's physician is _____

And the telephone number is _____.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Administrator or his designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Administrator or his designated representative and the Kinder Garden from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the service or treatment of my child(ren) as the result of the above authorization and agree to indemnify and hold harmless the Kinder Garden, the Administrator or his representative, from any expenses incurred for said treatment or services.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

I have read and understand the Kinder Garden student manual. I agree to abide by all policies and procedures outlined therein.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

LEGAL GUARDIAN'S SIGNATURE _____ DATE _____