

**\*\* Preschool Admission Packet \*\***

Child's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father & Mother's Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ 2nd#: \_\_\_\_\_

Can we text you? Yes or No

Email address: \_\_\_\_\_

(\*We use this email to communicate with you.\*)

**In case of Emergency**

Contacts & Phone #:

#1 \_\_\_\_\_ # \_\_\_\_\_

#2 \_\_\_\_\_ # \_\_\_\_\_

#3 \_\_\_\_\_ # \_\_\_\_\_

**Allergies (medicines or other) or Medical Conditions**

(use reverse side if needed)

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ # \_\_\_\_\_

## General Waiver

No child will be allowed to participate in an activity until his/her parent or guardian signs this form. It is understood that each child will be properly restrained according to Indiana law. I hereby certify that my son/daughter, \_\_\_\_\_, has permission to participate in school field trips during the school year. I have the choice to decline his/her participation when notified about specific field trips. I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activity, from all claims, present and future, known or unknown, in any manner arising out of the activity. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in field trip activities, harmless from any and all liability relating to my son/daughter for any and all personal injury or illness that may be suffered by my son/daughter. I also agree to hold them harmless from any loss of property by my son/daughter that may occur during the field trip activities.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE

In case of an emergency in my absence, I give permission to the school authorities, or its representatives, to obtain medical treatment for my child.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

## Special Interests

Lists some favorite activities: \_\_\_\_\_

\_\_\_\_\_

Topics of interests to your child: \_\_\_\_\_

\_\_\_\_\_

Anything you want us to know that we didn't ask: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your reason(s) in sending your child to preschool? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this packet to Kingdom Academy. The registration/supply fee is due the 1<sup>st</sup> day of preschool. Tuition can be paid at your convenience; as long as we have your complete payment by the end of the preschool year.

\*Please make checks payable to Kingdom Academy.\*

\*\* Thank you so much for taking time to fill this out. I am SO excited to have your child in my class!! \*\*

Mrs. Girod

## Waiver Form For Immunizations

IN ACCORDANCE WITH THE STATE OF INDIANA CODE 20-8,1-7-2, 2.5, PARENTS WHO HAVE A STRONG CONVICTION AGAINST THEIR CHILD BEING IMMUNIZED, OR PARENTS WHO HAVE A CHILD WITH A MEDICAL CONDITION PREVENTING IMMUNIZATIONS MUST SIGN THIS RELEASE FORM EXEMPTING THEIR CHILD FROM BEING IMMUNIZED. THIS SIGNED DOCUMENT WILL BE KEPT ON FILE AT THE SCHOOL OFFICE AND MUST BE DATED AT THE BEGINNING OF EACH SCHOOL YEAR.

I UNDERSTAND AND AGREE THAT THIS RELEASE SHALL HOLD ANY TEACHER, EMPLOYEE OR OTHER PERSON ENGAGED IN THE OPERATION OF THE SCHOOL FAULTLESS OF ANY AND ALL LIABILITY RELATING TO MY DECISION TO WITHHOLD IMMUNIZATION FROM MY CHILD.

IT IS FURTHER UNDERSTOOD THAT NO CHILD WILL BE ALLOWED TO ATTEND KINGDOM ACADEMY OF BLUFFTON, INC. WITHOUT STATE REQUIRED IMMUNIZATIONS UNTIL THIS FORM IS SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN.

PLEASE INITIAL ONE:

\_\_\_\_RELIGIOUS EXEMPTION

\_\_\_\_MEDICAL EXEMPTION (MUST HAVE A SIGNED FORM  
FROM YOUR PHYSICIAN)

STUDENT'S NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

DATE \_\_\_\_\_

## PERMISSION FOR CHIRP ACCESS

Every year Kingdom Academy is required to send immunization records or waivers to the state. This is recorded online at a site called CHIRP. Kingdom Academy cannot access CHIRP without your consent. You may refuse consent. Please fill out the form accordingly.

### **PLEASE FILL OUT ONLY ONE FORM PER FAMILY**

#### **CHILDREN'S INFORMATION:**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

#### **PARENT OR GUARDIAN:**

I GIVE Kingdom Academy consent to access my child's records on CHIRP.

NAME (print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I DO NOT GIVE Kingdom Academy consent to access my child's records on CHIRP.

NAME (print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_