

Morning Star Admission Form

Child's Name _____ Enrollment Date _____

Address _____ Date of Birth _____

Mother (Guardian) _____ Phone _____ (Cell/Home)

Address _____

Email Address _____

Mother's Employer _____ Phone _____ (Cell/Home)

Address _____

Father (Guardian) _____ Phone _____ (Cell/Home)

Address _____

Email Address _____

Father's Employer _____ Phone _____ (Cell/Home)

Address _____

Marital Status of Parents _____

Who is responsible for Tuition Payment? _____

Primary Contact for School Texts (ie, School Closures or other Emergencies). _____

Emergency Contacts when parents cannot be reached

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____

Name: _____

Address: _____ Phone Number: _____

Person(s) designated to pick up or deliver child

Name	Phone	Name	Phone
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Person(s) NOT permitted to pick up child _____

Siblings (Names & Ages) _____

Please give any information concerning your child which will be helpful

Play Habits _____

Eating Behavior _____

Sleeping Pattern _____

Fears _____

Likes/Dislikes _____

Other Comments _____

Previous experience in day care _____

Does your child have any problems or concerns we should be aware of? _____

What method of behavior control is used in your home? _____

Does your child share a room? _____ With whom? _____

How would you describe your child's personality? _____

How many hours of TV does your child watch per week? _____

List the names & ages of child's best friend _____

Has your child had **Chicken Pox** ____ **Mumps** ____ **Measels** ____ **Scarlet Fever** ____

Tuberculosis ____ **Hepatitis** ____ **Strep Throat** ____ **Other** _____

List any special needs or other concerns you may have _____

Describe any allergies, including foods which have caused adverse reactions or any food to be avoided for health or religious reasons _____

Does your child experience **Asthmas** ____ **Hay Fever** ____ **Hives** ____ **Other** _____

What do you suspect this reaction is caused by? _____

Child's Physician

Name _____ Phone _____

Address _____

Date of last visit _____ (Check if none) _____

Was your child screened for any of the following: **Vision Yes/No** **Hearing Yes/No** **Speech Yes/No**

If so, are there any concerns that we should be aware of: _____

Child's Dentist

Name _____ Phone _____

Address _____

Date of last visit _____ (Check if none) _____

Hospital of choice (in case of emergency) _____

Name of Insurance Provider _____ (Check if none) _____

Please attach a copy of your child's insurance card in case of emergency

(Would you like for Morning Star to provide more information about any of the following community programs? Please check the items(s) below)

Dental Insurance____ Medical Insurance____ Hearing/Vision Screenings____ Family Counseling ____
Nutrition-SNAP/Food Stamps____ Child Development____ Crisis Intervention____ No thank you____

This application must be accompanied with a signed medical statement after admission to our school which is reviewed annually.

At the time of admission, the undersigned parent (guardian) understand that care will be billed at the rate of \$_____ per day, based on the care being given _____ days a week. I hereby agree to comply with the rules and regulations of Morning Star Preschool as outlined in the parent handbook.

The payment of tuition will be made by the following person(s):

Original Signature of Parent (Guardian)

Date

Update Signature

Date

Written Acknowledgement and Consent Form

I/We _____ have reviewed all policies concerning operations of Morning Star Preschool contained in the Parent Handbook and agree to comply with all procedures addressed therein.

Signature

Date

Signature

Date

Rev 3/31/16