



# Application for Admission

Child's first name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_ \_\_\_\_ \_\_\_\_

Names of siblings: \_\_\_\_\_ Age: \_\_\_\_\_ Names of siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Father's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ SS# \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ SS# \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Emergency Contacts - Persons Authorized to pick up this child:

The following persons may be contacted at the discretion of Jacob Academy staff should they be unable to reach me in an emergency or in case I am unable to arrive at Jacob Academy to pick up my child by closing time (6:00 PM). These persons are also hereby granted permission to pick up my child - I WILL call the preschool when one of these persons will be taking my child.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

**Family Status:**

\_\_\_\_ Married, living together                      \_\_\_\_ Separated, child with \_\_\_\_  
\_\_\_\_ Single Parent                                      \_\_\_\_ Divorced, child with \_\_\_\_  
\_\_\_\_ Father and stepmother                      \_\_\_\_ Mother and stepfather  
\_\_\_\_ Child living with grandparents      Child normally dropped of by: \_\_\_\_

**Legal Status/ Unauthorized Pick Up Alert** Indicate "none" if none exist.

If divorced or separated, provide details of legal parenting arrangements: \_\_\_\_

List the full names of any persons who are SPECIFICALLY DENIED permission to pick up your child:

\_\_\_\_ Reason: \_\_\_\_  
\_\_\_\_ Reason: \_\_\_\_

**Medical Information:**

Physician: \_\_\_\_ Address: \_\_\_\_  
\_\_\_\_ Phone number: \_\_\_\_

Dentist: \_\_\_\_ Address: \_\_\_\_  
\_\_\_\_ Phone number: \_\_\_\_

Hospital: \_\_\_\_ Address: \_\_\_\_  
\_\_\_\_ Phone number: \_\_\_\_

Do any of your medical services providers require notarized authorization for treatment forms: If yes, list below: \_\_\_\_

Insurance Provider: \_\_\_\_  
Policy Number: \_\_\_\_ Phone number: \_\_\_\_

**Medical Permission:**

I HEREBY AUTHORIZE the staff of Jacob Academy to take whatever emergency medical measures are deemed necessary for the benefit and protection of my child while he/she is in their care. I understand that this includes calling the physician named above, implementing his instructions, and/or transporting my child to the hospital or clinic without obtaining any further consent. I further agree, and by my signature, give my consent, that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the EMS staff or emergency personnel of a hospital or clinic. I understand that I will be contacted immediately or as soon as possible should I be away from the phone numbers listed with my application for enrollment, but that the first consideration in the event of an emergency will be proper aid for my child. I understand that the center will contact 911 in any situation that may be an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreen Permission:** I understand that Jacob Academy uses a sunscreen formula created for our Colorado climate by Rocky Mountain Sunscreen in lieu of having sunscreen provided by every parent. I hereby authorize the staff of Jacob Academy to apply the application of sunscreen on all skin that may be exposed to direct sun.

I also understand that my account will be charged \$10.00 each April for sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Activity / Media Permission:**

All children will participate in all activities planned by the preschool, unless you instruct us to exclude your child from certain types of activities. From time to time, this includes watching videos (G/PG rated). The children will also be able to use our computers on a frequent basis, with both educational and fun games. Activities will include water days and outdoor play on our playground.

I hereby give my permission to Jacob Academy for my child to participate in all activities sponsored by the preschool.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will occasionally be taking pictures of the children in our care. We would like to place them on our website for viewing of friends and family. We understand that there are some people that would prefer their child to not be a part of media viewing. Please do not sign the statement below if you would prefer that we not include your child in these pictures.

I hereby give my permission to Jacob Academy to use pictures of my child for viewing on wall of the preschool and also on our website.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Allergies & Special Needs:**

Please provide information regarding special needs your child may have: (Please write "NONE" if special needs/conditions do not exist).

Allergic to: \_\_\_\_\_

Treatment: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Treatment: \_\_\_\_\_

Please provide information regarding situations that may create a problem for your child: \_\_\_\_\_ Course of action: \_\_\_\_\_

\*Please attach a separate page with any additional information needed

**Request for Enrollment & Acceptance of Jacob Academy Policies & Procedures**

I hereby request that my child(ren) be enrolled at Jacob Academy. The information contained in this statement is provided to enable my child to attend Jacob Academy and participate in all activities provided.

I acknowledge that the management of Jacob Academy will rely on the information provided herein to base decisions about accepting my child for enrollment and as the basis for providing proper care for my child.

I authorize the preschool to make all inquires necessary to verify the accuracy of the information contained in this application.

I understand that all preschool fees are due in advance, and hereby agree to make all payments on or before Monday each week.

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Date

**Office Use Only:**

Date paper work received: \_\_\_\_\_ Date registration fee paid: \_\_\_\_\_

Amount: \_\_\_\_\_ First day of attendance: \_\_\_\_\_

Person receiving fee: \_\_\_\_\_

Date withdrawal notification received: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_