



Diakonia Preschools Child Enrollment & Information Form

Child Information

Child's Last Name	Child's First Name	Child's Middle Name	Child's Nickname (if used)
-------------------	--------------------	---------------------	----------------------------

Child's Birth date	Gender	Child's & Home Language	Child's Race/Ethnicity
--------------------	--------	-------------------------	------------------------

Child Lives With? Is there a court-ordered custody arrangement for this child? Yes No (If yes, please provide a copy.)

How did you hear about our preschool(s): Please circle or indicate other.

Friend Word of Mouth Sign Special Event Referral Agency Website Brochure Other _____.

Family Information

Parent or Guardian 1	Relationship to Child	Email Address (one per family or address)	
-----------------------------	-----------------------	---	--

Home Address	City	State	Zip Code
--------------	------	-------	----------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Occupation/Employer _____

Employer Address	City	State	Zip Code
------------------	------	-------	----------

Family Information, cont'd

Parent or Guardian 2	Relationship to Child	Email Address (if different from Parent 1)	
Home Address (if different)	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation/Employer			
Employer Address	City	State	Zip Code

Income Information: A large income source for Diakonia Preschools comes from grants. In order to renew our funds annually we are required to provide general reports on a variety of data for the children and families we enroll. Please help us by providing an **X** in the box that best fits your annual household income range.

Under 20,000
 20,000-50,000
 50,000-75000
 75,000+

Contact Information

Local contact person (e.g. friend, neighbor or relative) if parent/guardian is unavailable that can be contacted in case of emergency. Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

(1)				
Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Address	City	State	Zip Code
(2)				
Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Address	City	State	Zip Code

Contact Information cont'd.

Local contact person (e.g. friend, neighbor or relative) if parent/guardian is unavailable that can be contacted in case of emergency. Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

(3)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Phone	Address	City	State	Zip Code
-------	---------	------	-------	----------

(4)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Phone	Address	City	State	Zip Code
-------	---------	------	-------	----------

(5)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Phone	Address	City	State	Zip Code
-------	---------	------	-------	----------

(6)

Name	Relation to Child	OK to pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Phone	Address	City	State	Zip Code
-------	---------	------	-------	----------

Child's Name	Date of Birth
--------------	---------------

Parent/Guardian's Signature	Today's Date
-----------------------------	--------------

Medical Information

Child's Physician Practice Name Phone

Physician's Address City State Zip Code

Child's Dentist Practice Name Phone

Dentist's Address City State Zip Code

Hospital Phone

Hospital Address City State Zip Code

Initial here, I agree to have my child examined by a physician annually and medical information returned to Diakonia for their files.

Initial here, I agree to provide a copy of my child's current immunization records or sign an exemption form.

Specific Health Concerns

Allergies? Yes No if yes, please specify. _____

Restrictions? Yes No if yes, please specify. _____

Operations or
Serious Illnesses: Yes No if yes, please specify. _____

Any medication or lifesaving equipment (e.g. EpiPen's, inhalers etc.) require additional written medical plans provided by our school and signed by guardian, doctor, and the Diakonia staff nurse.

List any behavior or exceptional need considerations for your child:

Child's Name Date of Birth

Parent/Guardian's Signature Today's Date

Medical Information, cont'd

Health Insurance? Yes No

Insurance Company Phone Number

Insurance Address City State Zip Code

Policy Number Group Number

Initial here, I as the parent/guardian authorize the Diakonia preschool staff, to have access to my child's health information as provided to Diakonia (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and the Diakonia nurse consultant, and may be accessed other times through the school year by Colorado's State Licensing Representative on an individual or as needed basis.

Initial here, it is our policy to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency center.

Initial here, I authorize the Diakonia Preschool staff to call a physician, or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance, feel such services are required. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of me.

Sign here as the parent/guardian to acknowledge compliance with the above policies, permissions, medical emergencies, and waivers for:

Child's Name Date of Birth

Parent/Guardian's Signature Today's Date

Permission Forms

I give Diakonia permission to list my name and phone number in our preschool directory and on the class list on Shutterfly©. Yes No

I give Diakonia permission to send (individual and group) e-mails and or **text** messages concerning late starts, weather closures, reminders, newsletter, special events, and other updates. Yes No

I give Diakonia permission to follow up on the progress of my child's school readiness and progress after leaving preschool and entering elementary school. This follow-up may occur as many as two times per year via phone or email in a survey style form. This information may be shared with Diakonia staff, private contributors and grantors. No names will be included in the collection of this data. Yes No

I give Diakonia permission to apply sunscreen to my child. Diakonia will provide the sunscreen. If your child has any skin allergies to sunscreen please let the director and your child's teacher know and provide your individual child with their own sunscreen. Yes No

I give Diakonia permission to take photos of my child to be used for classroom purposes. These photos may be displayed in the classroom area, on information boards, on the classroom Shutterfly© page, on the preschool FaceBook© page, classroom projects, and in marketing materials used to secure grants (no name association except in class and on private Shutterfly© page). Yes No

I give permission for my child to participate in Walking Field Trips in the local area near my child's Diakonia Preschool, accompanied by the classroom teachers. Yes No

I give permission to Diakonia to contact me via Facebook© for advertising and marketing of events and services. Yes No

I agree to comply with the program rules which are established and periodically amended by board members of Diakonia. Yes No

I agree to inform Diakonia of any information changes. Yes No

I understand that while constant supervision of my child is provided by the Diakonia staff, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities. I accept this risk and on behalf of me and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release Diakonia from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the Diakonia program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release. Yes No

Sign here as the parent/guardian to acknowledge compliance with the above policies, permissions, medical emergencies, and waivers for:

Child's Name

Date of Birth

Parent/Guardian's Signature

Today's Date