



ADMISSION DATA 2017

Confidential

Expected Admission Date: _____ Referral Source: _____

CHILD

Full Legal Name: _____ Preferred Name: _____

Previous School Attended: _____ Age: _____ Birth date: ____/____/____

Complete Home Address: _____ Zip: _____

S.S. # _____ Sex: M ___ F ___ Ethnicity: _____

Race: _____ 1st Spoken Language: _____

ALABAMA STATE LAW REQUIRES the school maintains a file containing specified information on each student. This form must be completed, signed, and placed on file at the school prior to the first day of your child's attendance. It must be updated whenever a change occurs, and must be resubmitted annually. This form will accompany your child in case of an emergency so accuracy and completeness is of utmost importance.

PART 1: EMERGENCY LOCATOR

MOTHER OR GUARDIAN

Legal Name: _____ Preferred Name: _____

Home Address: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Phone: _____

Business Address: _____ Zip: _____ S.S. # _____

e-mail address: _____ Cell #: _____

FATHER OR GUARDIAN

Legal Name: _____ Preferred Name: _____

Home Address: _____ Zip: _____ Phone: _____

Occupation: _____ Employer: _____ Phone: _____

Business Address: _____ Zip: _____ S.S. # _____

E-mail address: _____ Cell #: _____

Status of custody or Guardianship agreements: _____

A copy of your custody agreement is required, if applicable.

EMERGENCY HELP

A. Persons the School may contact in an emergency if those above cannot be reached and my child may be released to:

	NAME	RELATIONSHIP	BUS. PHONE	HOME PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

B. Please list instructions as to how parents or guardians may be reached during the time your child is in school (be specific):

PART 2: SPECIAL PERMISSIONS

Child Identification Number

This number is highly confidential. Only persons listed under special permissions for pick-up who have this number will be allowed to take your child from the facility. This is for your child's safety. Please never give this number to anyone else. Please choose a four digit number to clock your child in and out with daily: _____ (CIN #)

FIELD TRIPS

Our child can participate in and be transported to and from school on "away from school" field trips, or other activities, if included in the school's program. We understand that the school will make every effort to notify us of upcoming field trips and to provide us with dates, times, and places as appropriate.

Transportation Information:

1. Premier Preschools have my permission to take my child on field trips.

Initials: _____

2. Premier Preschools have my permission to pick my child up after school on a daily basis.

Initials: _____ Elementary school attending: _____

3. For emergency purposes, Premier Preschools have my permission to evacuate the premises to the emergency evacuation site. This site is: Haven Baptist Church, 1840 Slaughter Road, Madison, AL 35758

Initials: _____

ACCIDENT OR ILLNESS

Should our child become ill or have an accident and it is the opinion of the school authorities that he/she requires a physician's attention and the school is unable to locate us, then the physicians named below, in order of preference as listed, may be authorized by school authorities to attend to our child.

1. *Dr. _____

**NOTE: This should be the doctor who maintains your child's medical records.*

I (we) do hereby state that I am (we are the legal guardian(s) of _____, a minor, age _____, born on _____, who resides with me at _____.

EMERGENCY

I (we) authorize, for emergency purposes only, any designated employee of the school to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general supervision and the advice of any physician or surgeon; licensed to practice in the state of Alabama.

Allergies to drugs or food:

Please list any medications or pertinent information:

Medication Release

Premier Preschools will administer medication only after an approved DHR medication form has been filled out with appropriate dosage information, dates and times to be given, and medication left with the front office. Only prescription medication will be administered to children less than 2 years of age. Medication will be administered once daily at approximately noon. Additional charges may apply for more frequent administration.

Initials: _____ Comment: _____

Assessments and Evaluations

1. Has your child been evaluated by a Specialist or Professional such as a Speech Therapist, Occupational Therapist, Psychologist, Neurologist, Pediatrician, or Behavioral Specialist etc., for any medical, psychological or developmental concern? yes no

If yes, was there a diagnosis given or therapy / treatment recommended? Please describe further:

2. I give Premier Preschools permission to administer educational and developmental assessments for the purpose of class placement, program evaluation and tracking individual child progress. Test instruments may include but are not limited to the administration of developmental checklists, ELLCO, LELA, Dibels, Phelps and Peabody. I understand I will be notified if and when my child is tested and given a written copy of the results of any test administered to my child. **Initials:** _____

3. I give Premier Preschools permission to share academic information about my child, to include assessment results as well as report card grades, with other educational and/or partnering agencies. I understand that I will be notified once information has been shared and any information shared regarding my child will be confidential. **Initials:** _____

Policies and Procedures

I have been provided **access** to a copy of Premier Preschools' Policies and Procedures and have read and agree to them. A soft copy may be found on Premier Schools' website at www.premierpreschools.com. Hard copies are available in the Front Office, per request.

Initials: _____

Personal Property

Premier Preschools or any Premier employee will not be held liable for any lost, damaged, or misplaced items.

Initials: _____

Minimum Standards

As required by the Madison County Department of Human Resources, a copy of the Minimum Standards for daycare centers and night time centers is on file in the office and available to you at any time should you like to check it out. Please sign below that you understand this policy. Also available at <http://www.dhr.state.al.us>.

Initials: _____

Procurement Fee

Premier Preschools invest a considerable amount of time, effort and money into recruiting and training our employees. These individuals go through an intensive interview process so that we may evaluate and select teachers well qualified to care for and nurture your child. These individuals receive many hours of training before and during employment with Premier Schools. A procurement fee of \$3000.00 will be charged to any family or individual who hires one of our staff members to care for a child who has been enrolled in our facility within the previous twelve months.

Initials: _____

Withdrawal

Tuition is paid to reserve your child's space in the program. No portion of the tuition will be refunded for absences. Should it become necessary to withdraw your child from the school, a **thirty-day written notice** is required to be submitted to the office. Premier Preschools reserve the right to dismiss any child, at the sole discretion of the Director.

Initials: _____

Returned Checks

In the event your check is returned, a non-sufficient funds (NSF) fee of \$35.00 will be posted to your account. Check will be automatically re-deposited.

Initials: _____

Discounts

In exchange for a discount of ___% I agree to keep my child enrolled for a consecutive 12 months. In the event I disenroll for any reason I understand that the additional ___% will be immediately due and payable to Premier Preschools. Only one discount per family will apply at a time.

Initials: _____

Photography Release

I, the parent of _____, authorize Premier Preschools to use any photographs and/or videos taken of my child while at school or participating in any school sponsored event in any advertising or other promotional venture to include the school's website, Facebook page, brochures, magazine articles or other media coverage. I understand that no identifying information (names) will be used. This permission will remain in effect until my child is no longer enrolled at Premier. I release the school or any of its officers from any liability connected to this use.

Initials: _____

Authorizing Signatures

We have read and understand all the above information and attest that all information provided of this form is correct to the best of our knowledge.

Signature of Parent /Guardian Completing this form: _____

Relationship to the Applicant: _____ Date: _____

Signature of other Parent /Guardian: _____ Date: _____

For Office Use Only: Classroom _____ Entered in EZ-C _____ Paperwork Received _____

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 887-8339. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at : http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 632-9992. Submit your complete form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov