



Application for Admission

School Year _____

<https://lagrande22.adventistschoolconnect.org>

(541-963-6390)

Child's Full Legal Name _____

Child's DOB: _____

Name Child goes by (if different) _____ Sex: M / F Child's Current Age: _____

Name of parents or guardians with whom child is living.

Father's Name _____ Cell phone _____
Home Address _____ Home phone _____
Employer/occupation _____ Work Phone _____
Relationship (if other than father) _____ Email _____

Mother's Name _____ Cell phone _____
Home Address _____ Home phone _____
Employer/occupation _____ Work Phone _____
Relationship (if other than mother) _____ Email _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. This person must also be authorized to pick up your child from the facility.

Name _____ Relationship _____ Phone _____

Other people authorized to pick up child:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Medical Provider _____ Phone _____

(Please complete allergy and health issues section on 2nd page of form.)

Insurance Information (if applicable) _____

Child's Dentist _____ Child's Optometrist _____

My Signature gives permission for the following.

I give my permission for my child to participate in neighborhood walking excursions, under required supervision.

I also give permission for my child to be included in any school projects using photographs or video tape, which might be used for publicity or news purposes.

In an emergency, the childcare facility has my permission to call an ambulance or to take the above named child to any available physician or hospital at my expense. We, the undersigned parents or guardian of the above named child, a minor, does hereby consent to medical treatment and hospital service that may be rendered to said minor under the care of medical personnel. In most emergencies, 911 will be called and the child transported to the nearest hospital and seen by the doctor on call. Parents will be notified as soon as possible.

Parent/Guardian signature _____ Date _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

General Information

Has your child had previous experience in childcare? ___yes ___no. Type of care _____ How long? _____

Name of private or public school / preschool attended by the child (if applicable) _____

Reason for requesting care _____

Please give any information concerning your child which will assist us in providing the best care for your child:

Play _____

Eating habits and schedule _____

Sleeping habits and schedule _____

Fears _____

Likes and dislikes _____

Special words and their meanings _____

Special information about family (such as divorce, recent illness, or death in family) _____

Other children in the household

Name/Nickname of child _____	Age _____	Sex _____
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Name/Nickname of child _____	Age _____	Sex _____
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Name/Nickname of child _____	Age _____	Sex _____
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Allergy and Health

Does your child have allergies? ___yes ___no Please list allergens and child's reaction to them. _____

Has your child had chickenpox? ___yes ___no

Does your child have other health problems? Please list. _____

What do we need to know to provide the best possible care? Do these restrict your child's activities? _____

Other Notes _____

PHOTOGRAPHY/WEBSITE RELEASE**(Please check all that apply)**

I give my permission to Little Friends to use my child's photograph in publications to promote the school.

_____ 1st Child Name	_____ 2nd Child Name	_____ 3rd Child Name	_____ SIGNATURE OF PARENT DATE
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I give my permission for Little Friends to use my child's photograph on the Little Friends website.

_____ 1st Child Name	_____ 2nd Child Name	_____ 3rd Child Name	_____ SIGNATURE OF PARENT DATE
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PERMISSION TO PARTICIPATE IN FIELD TRIPS

I give my permission for my child to participate in field trips at Little Friends.

_____ 1st Child Name	_____ 2nd Child Name	_____ 3rd Child Name	_____ SIGNATURE OF PARENT DATE
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