



EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL
 (Elementary, Preschool, Kindergarten, Child Care, Before & After school Care)
538 West State Street, Eagle, ID
 Phone 208-938-0093, Preschool & FAX 939-5544
 Website: eagleadventistchristian.com

(Revised July, 2017)
Preschool

REGISTRATION INFORMATION & CONTRACT

Today's Date _____

Students Full Legal Name _____

Last Name First Middle SS#

Birth date _____ Sex: Male Female Nickname _____

Age _____ Place of Birth _____ Family Church Preference _____
 Years Months

For Seventh-day Adventist Students only: Which church are you a member of?

Father _____ Yr. baptised _____ Grade Entering _____

Mother _____ Yr. baptised _____

Child _____ Yr. baptised _____

PARENT & GUARDIAN INFORMATION:

Parent/Guardian #1 _____
 (Primary Address) Last Name First Middle S.S.#

Address #1 _____
 Street City/State Zip Billing E-mail Address

Phone #1 _____
 Home Business Cell FAX

Business #1 _____
 Occupation Employed By

Parent/Guardian #2 _____
 Last Name First Middle S.S.#

Address #2 _____
 Street City/State Zip Alternate E-mail Address

Phone #2 _____
 Home Business Cell FAX

Business #2 _____
 Occupation Employed By

Emergency Call 1. _____
 Person other than parent Home Number Cell Work

2. _____
 Person other than parent Home Number Cell Work

Authorized escorts in case parent cannot be reached.

Name Address Home Phone Cell _____

Name Address Home Phone Cell _____

I would like to contract for the following services: Requested school-start date for child: _____

Elementary School -

Last school attended _____ Grade last year _____ Teacher _____

Kindergarten

Kindergarten - 1/2 day am _____ (5 yr. old by Sept. 1)

Preschool (3-5 yr. olds)

- 1. Preschool Only: (Half-day, 8:30 a.m. to 12:30 noon) M___ T___ W___ Th___ F___
- 2. Preschool and Child Care (Full-day, 7:00 a.m. to 6:00 p.m.*) M___ T___ W___ Th___ F___

Child care (all ages) 7am - 8:30am, Noon - 6pm or 3:30pm - 6pm

I will need my child taken to/picked up from Eagle Elementary: am _____ noon _____ pm _____ Eagle Hills: am _____ noon _____ pm _____

- 1. Before school care: M___ T___ W___ Th___ F___ As Needed _____ (7am-8:30am)
- 2. After Kindergarten care: M___ T___ W___ Th___ F___ As Needed _____ (12-6pm)
- 3. After school care: M___ T___ W___ Th___ F___ As Needed _____ (3:30pm-6pm)
- 4. Summer care: M___ T___ W___ Th___ F___ As Needed _____ 1/2___ full ___

***DURING THE MONTHS OF NOVEMBER THROUGH FEBRUARY THE CHILD-CARE CENTER WILL CLOSE AT 5:00 P.M. EVERY FRIDAY.**

I found out about this school through: TV _____ Radio _____ Yellow pages _____ Magazine _____
(Please check all that apply) Pamphlet _____ Mail _____ Friend (Name) _____

Handbook Information

Idaho law (Idaho Code 18-8327 and 18-8414) prohibits the Eagle Adventist Christian School & Child-Care Center, from employing, using as volunteers, or allowing any person on the premises who is registered or required to be registered under the sex offender mandatory registration requirements of Idaho law. The only exception to this prohibition is that such person shall be allowed to drop off and pick up that person's own child or children. If you are presently registered or required to be registered under Idaho sex offender mandatory registration requirements, you must adhere to these restrictions and you have a duty to notify us so that we can assist you in meeting these restrictions. By signing below, you verify that you are not subject to such registration requirements. If you are subject to such registration requirements, please note this on this form prior to signing.

I have read the parent handbook and will give my support in upholding its policies. _____ initial

If no payments or arrangements have been made on your account for a period of 3 months, the account will automatically be turned over to a collection agency. In the event that the account becomes delinquent and payment is not made on amounts owing under the terms of this agreement, and the balance is placed with a licensed collection agency, the account holder agrees to pay the fees of the collection agency, which amount is theretofore agreed to be 40% of the outstanding balance at the time the account is placed for collections. The 40% collection agency fee will be calculated and added at the time the account is placed into collections. _____ initial

I give access to school teaching staff to information/medical records contained in school records. _____ initial

I hereby grant permission for my child to be included in valuations and pictures connected with the school program. _____ initial

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Date accepted

Signature of Director/Principal

EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL
538 WEST STATE STREET, EAGLE, IDAHO 83616
208-938-0093, 208-939-5544

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

We, the under signed parents or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M. D., (phone # _____) or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize EAGLE ADVENTIST CHRISTIAN SCHOOL, PRESCHOOL AND CHILD CARE CENTER or the physician to exercise the best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above and to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to CHRISTIAN EDUCATORS INSURANCE TRUST, through it's representative, at the IDAHO CONFERENCE OF SEVENTH-DAY ADVENTISTS any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. 1320d and 45 CFR 160 through 164. A Photostat copy of this authorization shall be considered as effective and valid as the original.

MY CHILD IS ALLERGIC TO THE FOLLOWING FOODS / MEDICATIONS: _____

I give permission for allergies to be posted _____ (initial)

Signature of Father Date _____

Signature of Mother Date _____

Signature of Legal Guardian Date _____

Witness Date _____

Phone #s where we can be reached _____

INSURANCE

Medical insurance company _____ Phone _____

Address _____ Group number _____

Name of insured _____ Insured ID# _____

I verify that the information listed is complete an accurate.

Signature of parent/guardian Date _____

IMMUNIZATIONS

PLEASE ATTACH A PHOTO-COPY OF CHILD'S IMMUNIZATION CARD. ALL IMMUNIZATIONS MUST BE UP TO DATE BEFORE CHILD CAN BEGIN SCHOOL



Eagle Adventist Christian Center
Offering Preschool, Childcare, Before & After-school Care & Summer Camp
538 W. State St. Eagle, ID 83616
"A Journey to Excellence"
Phone & FAX - (208) 939-5544
Website: eagleadventistchristian.com

Health Care Provider Form (to be signed by doctor)

Child's Name: _____

_____ The child may participate in developmentally appropriate child care/preschool
with **NO health-related restrictions.**

_____ The child may participate in developmentally appropriate child care/preschool **with these restrictions:**
Describe all restrictions:

Health provider _____

Name: (print name) _____

Provider's Type: MD DO PA ARNP

Health provider's address & Phone: (may attach business card)

MEDICAL/DEVELOPMENTAL HISTORY

Child's Name _____

Child's Name _____

Parent Info: Single() Married() Separated() Divorced() Remarried() Name of step-parent _____

Custody/visiting arrangements: _____

What are your child's siblings names and ages. _____

Language spoken at home _____ Any specific family culture practices that we can incorporate? _____

Physical Health

What health problems has your child had in the past? _____

What health problems does your child have now? _____

How Severe? _____

Does your child take any medicine regularly? If so, why? _____

How your child ever been hospitalized? If so, when and why? _____

Has a disability been diagnosed (such as cerebral palsy, seizure disorder, developmental delay?) _____

Do you have any other concerns about your child's health? _____

(If there are special care needs, please fill out the attached medical care plan form)

Development (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain. _____

Does your child have any problems with walking, running, or moving? Please explain. _____

Does your child have any problems hearing? Please explain. _____

Does your child have any problems using her or his hands (such as with puzzles, drawing, small building pieces?) Please explain. _____

Does your child have any problems with mood or behavior? Please explain. _____

Daily Living

Is child right or left handed? _____ Child's normal bed time? _____ Does child sleep well? _____ Take a nap? _____

Favorite indoor activities? _____ Outdoor? _____

How would you best describe your child's personality? _____

What is your child's typical eating pattern? _____

*Any dietary restrictions? _____

What foods does your child like? _____ dislike? _____

How well does your child use table utensils (cup, fork, spoon)? _____

How does your child indicate bathroom needs? _____

Word(s) for urination: _____ Word(s) for bowel movements _____

Special words for body parts: _____

What are your child's regular bladder and bowel patterns? _____

Social Relationships/Play

What ages are your child's most frequent playmates? _____

Is your child (circle all that apply) friendly? aggressive? shy? withdrawn? _____

Does your child need extra time/preparation to change from one activity to another? _____

Does your child play well alone? _____ What is your child's favorite toy? _____

Is your child frightened by (circle all that apply) animals? rough children? loud noises? new experiences? the dark? storms? anything else? _____

Who does most of the disciplining? _____ What works best when you discipline your child? _____

What is child's usual reaction? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

With which adults does your child have frequent contact? _____

Any specific instructions you would like the teachers to know about your child?

What hobbies or interests can you as a parent share with our class

What can we do to meet your family's needs, expectations and goals for the care of your child?

Eagle Adventist Christian School & Preschool
538 West State Street
Eagle, Idaho 83616
208-939-5544

Permission slip

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips or emergency evacuations using the bus or staff cars. All drivers are screened and background checked.

I hereby grant permission for my child to be included in valuations and pictures connected with the school program.

I hereby grant permission for the director, or acting director, to take whatever steps necessary to obtain medical care if warranted. These steps may include but are not limited to the following:

- A. Attempt to contact the parent/guardian.
- B. Attempt to contact you through any of the persons listed on the registration form.
- C. If we are unable to contact you or the persons listed, we will do any or all of the following:
 - 1. Call 911
 - 2. Have child taken to the closest emergency hospital (St. Al's in Eagle) in the company of a staff member.
- D. Any expenses incurred under "C" above, will be the responsibility of the child's family.
- E. Eagle Adventist Christian School & Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- F. The Eagle Adventist Christian School & Preschool will not be responsible for a child that has not been properly signed in on arrival each day.

Signature of Mother/legal guardian

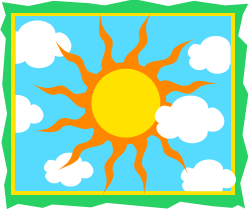
Date

Signature of Father/legal guardian

Date

Signature of Director

Date



Eagle Adventist Christian Center, 518. W. State St., Eagle, ID 83616
Parent/Guardian Permission to Apply Sunscreen to Child

Name of Child _____

As a parent, I recognize that the sun may pose a risk to my child for sunburn. Therefore, I give permission for the staff of Eagle Adventist Christian Center to apply a sunscreen approved for use on children (name of product) _____ to my child under the following conditions:

1. When playing outside
2. During field trips where a child is exposed to sun.
3. Always used according to directions on the label.
4. Applied only to exposed skin.
5. Not applied near eyes, mouth or hands.

Use of sunscreen may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider. It is best if you use this or a similar product on your child once to twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child.

___ Staff may use the program's sunscreen indicated above according to the directions on the product label.

___ I do not know of any allergies my child has to children's sunscreen.

___ My child is allergic to some sunscreens. Please use only the following brand(s) / type(s) of sunscreen: _____, according to the directions on the label.

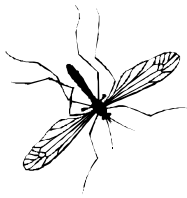
___ I have provided the following brand/ty[e of sunscreen for use on my child.

___ For medical or personal reasons, please DO NOT apply sunscreen to the following areas of my child's body: _____

___ **Please do not apply sunscreen to my child.**

Parent/guardian's name: _____ Date: _____

Parent/Guardian's signature _____



Eagle Adventist Christian Center, 538 W. State St., Eagle, ID 83616
Parent/Guardian Permission to Apply Insect Repellant to Child

Name of Child _____

As a parent, I recognize that mosquitoes may pose a risk to my child for West Nile Virus. **West Nile virus is spread by infected mosquitoes, and can cause serious, life-altering and even fatal disease.** Therefore, I give permission for the staff of Eagle Adventist Christian Center to apply only repellants containing DEET and only once a day to my child under the following conditions:

1. When playing outside
2. During field trips where a child is exposed to insects.
3. Always used according to directions on the label.
4. Applied only to exposed skin.
5. Not applied near eyes, mouth or hands.

- When using repellent on a child, apply it to your own hands and then rub them on your child. Avoid children's eyes and mouth and use it sparingly around their ears.
- Do not apply repellent to children's hands. (Children may tend to put their hands in their mouths.)
- Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
- Keep repellents out of reach of children.
- Do not apply repellent under clothing. If repellent is applied to clothing, wash treated clothing before wearing again. (May vary by product, check label for specific instructions.)

Use of mosquito repellent may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider. It is best if you use this or a similar product on your child once or twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the childcare program's choice in brand/type and use of sunscreen for my child.

___ Staff may use the program's mosquito repellent indicated above according to the directions on the product label.

___ I do not know of any allergies my child has to children's mosquito repellent.

___ My child is allergic to some mosquito repellent. Please use only the following brand(s) / type(s) of mosquito repellent: _____, according to the directions on the label.

___ I have provided the following brand/type of mosquito repellent for use on my child.

___ For medical or personal reasons, please DO NOT apply mosquito repellent to the following areas of my child's body:

___ **Please do not apply mosquito repellent to my child.**

Parent/guardian's name: _____ Date: _____

Parent/Guardian's signature _____