



Child's Ministry Entrance Application

Thank you for trusting us with your most valued treasure—your child. To enable GRACE to do an outstanding job of understanding your child's unique make up and to ensure care, safety, and nurture at all times, please share your child's information with us.

Today's Date: _____ Enrollment Date _____

Your Child's Full Name: _____

Birth Date _____ Child's Preferred Name _____

Address: _____

Mother's Contact Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Father's Contact Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Employment Information:

Mother's Place of Employment: _____

Phone: _____

Address: _____

Father's Place of Employment: _____

Phone: _____

Address: _____

ALL ABOUT YOUR CHILD

1. Please tell us about your child (including personality and temperament):

2. Daily Schedule (including sleeping habits: bedtime, naptime, rises):

3. Favorite toy and playtime:

4. What are your goals for your child's development?

5. What aspirations do you have for your child as they grow up?

6. How can we help you prepare your child to grow and learn?

7. How active is your child? How much outside time does your child enjoy?

8. Where is your child's spiritual development?

- Just beginning Making progress Growing Advanced

9. Do you have a home Church? (If yes, please list)

10. Tell us about your family structure:

- Married Divorced Separated Single Siblings

11. Are there any special issues your family needs help with?

12. Do you have any special areas that need prayer?

Medical Information:

13. Tell us about your child's medical history: Any Allergies?

14. Please provide a copy of your child's last physical/Immunization Record.

15. Are your child's Immunizations up to date? Yes No

16. Date of last physical _____

17. Any other information we need to know about your child:

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

Emergency Care Information continued

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____

Home Phone _____ Office Phone _____

Name _____ Relationship _____

Home Phone _____ Office Phone _____

If you cannot pick-up your child, please give the names of persons to whom the child can be released:

Name _____ Relationship _____

Name _____ Relationship _____

Unauthorized Pick-Up:

Name _____ Relationship _____

Custody Papers? _____

I agree that Grace-a-ChildUSA may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent

Date

We as your child's care givers, agree to obtain transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult.

We will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Grace-A-ChildUSA Ministry Team

Date

Acknowledgments and Disclosures

I, _____ enroll my child _____
in Grace-a-ChildUSA Play School as of this date _____.

I understand Grace-a-ChildUSA is a playschool that is not regulated by State or its minimum standards.

I acknowledge that Grace-a-ChildUSA is a ministry devoted to children and their care; that prayer is a part of care and service to families.

I understand that meals can be brought from home.

I acknowledge snacks are served at 8:30 am and 3:30 pm; and a light lunch is available at noon.

I acknowledge the playschool has internal video monitoring system.

I agree to pay the weekly fees according to the payment policy.

I agree to donate 1 hour per month to the playschool.

I agree to give permission for my child to receive emergency medical care in the event I cannot be reached.

Signature of Parent

Date

Grace-a-ChildUSA Ministry Team Member

Date