



OLATHE CHRISTIAN SCHOOL

Full/Part Time Pre-school Registration Form

515 S. RIDGEVIEW RD.
OLATHE, KS 66061

PHONE: 913-829-0074
FAX: 913-829-0795

Start Date: _____ Regular Arrival Time: _____ Regular Departure Time: _____

Childs Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Grade In School/Fall 10: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Mother's Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

Father's Name: _____

Father's Employer: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

Primary contact: Mother Father

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

EMERGENCY CONTACT(S)
(Other Than Parent or doctor)

(Name) _____ (Telephone) _____ (Relationship to Child) _____

(Name) _____ (Telephone) _____ (Relationship to Child) _____

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE FACILITY:

(Name) _____ (Telephone) _____ (Relationship to Child) _____

(Name) _____ (Telephone) _____ (Relationship to Child) _____

Signature of Parent or Legal Guardian

Date

Olathe Christian School Preschool
Child Questionnaire

Child's Name: _____

Parent's Name: _____

Allergy/Medical Concerns: _____

Please list members of the household and their relationship to the child: _____

What kind of pets do you have and their names: _____

Language spoken at home: _____

Ethnic or religious customs, family traditions, etc... _____

What past experience does your child have with other groups of children: _____

Does your child prefer to play alone or with other children: _____

Behavior management methods used at home: _____

Calming method used when your child is upset: _____

Childcare used in addition to Olathe Christian School Preschool: _____

Child's favorite toys/activities: _____

Child's fears/how he handled: _____

Food child likes/dislikes: _____

Time child eats: _____ Breakfast _____ Lunch _____ Dinner _____ Snacks (am & pm)

Does your child nap? _____ What time? _____ For how long? _____

Other information or special concerns to assist us in caring for your child: _____

What goals, services, and activities do you hope we provide for your child? _____

How can we support your family's involvement in our program? _____

I give permission for the following products to be used on my child:

Sunscreen Y ___ N ___ Bug Spray Y ___ N ___

I give permission for photographs and/or video footage of my child be used by Olathe Christian School for the purposes of illustration, advertising, or publication in any manner: Y ___ N ___

Parent/Guardian Signature

Date



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A) except School Age Programs reference K.A.R. 28-4-582(e)(2)(B).

Name of facility exactly as stated on the license/certificate.	License or Certificate #
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I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and _____.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature only if required by the local hospital or clinic.	Date Signed
--	--------------------

Notarization of Parent's or Guardian's signature only if required by local hospital or clinic.

<u>State of Kansas</u> County of _____ Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person (Seal, if any.) _____ Signature of notarial officer _____ Title (and Rank) My appointment expires: _____

Complete information regarding health care insurance, if applicable.

Health Insurance Policy Name: _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

Kansas Department of Health and Environment

Child Care Licensing and Registration Program
1000 SW Jackson, Suite 200, Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax: (785) 296-0803
Website: www.kdheks.gov/bcclr/index.html



MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES AND FAMILY DAY CARE HOMES, INCLUDING PROVIDER'S OWN CHILDREN

Parents are to complete the Medical Record and the History of Immunizations for each child in registered family day care homes or licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility or family day care home.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

1. Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___ No ___ Yes, as follows:

2. Does your child have any of the following conditions? Please answer yes or no.
____ Allergies _____ Frequent sore throats/colds _____ Ear Aches
____ Asthma _____ Speech, Visual, Hearing _____ Diabetes
____ Epilepsy/Seizures _____ Other _____

If yes answered to any above, please provide additional information _____

3. Have there been major changes at home that might affect your child in care? ___ No ___ Yes, as follows:

4. Please provide additional information or special instructions that will help the person caring for your child.

Signature of Parent/Guardian _____ **Date:** _____

History of Immunizations

For all children in child care facilities and family day care homes, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ **Date of Birth:** _____
First Last MM/DD/Y

SECTION I.

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis)						
Polio						
MMR (Measles, Mumps, and Rubella combined)						
HBV (Hepatitis B Vaccine)						
Varicella (Chicken Pox)			Hx of Disease: Physician Signature		Date of Illness:	
HIB (Hemophilus Influenzae Type B)						
PCV7 (Pneumococcal Conjugate)						
HEP A (Hepatitis A)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II. Complete this section only if your child is exempted from the laws requiring immunizations [K.S.A. 65-508(d) and K.S.A. 65-519(c)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 ___ DTP ___ Pertussis Only ___ Tetanus ___ Polio ___ MMR ___ Rubella Only ___ Hep A ___ Hep B
Hib ___ PCV7 ___ Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Child Health Assessment is optional for children in Registered Family Day Care Homes. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. Any Health Assessment Form should be attached to the KDHE Medical Record Form.

Child's Name _____ Date of Birth _____

Past Health History (Developmental – Illness – Hospitalization) _____

Allergies _____

Current Medications _____

Nutritional Status _____

Physical Examination

Height _____

Weight _____

Head _____

Abdomen _____

EENT _____

GU _____

Teeth _____

GYN _____

Heart _____

Skeletal _____

Lungs _____

Neurological _____

Screening Tests (Dates Done and Results)

Vision _____

TBC. Test _____

Hearing _____

Sickle Cell _____

Speech _____

HGB. _____

DDST _____

U.A. _____

Lead _____

Other _____

Diagnosis:

Recommendation:

Do you see this child for regular health supervision: Yes _____ No _____

Signature of Licensed Physician or Nurse Approved for Child Health Assessments

Date (MM/DD/YYYY)

Print the Name of the Individual Signing Above

Phone number

Address of Physician or Nurse

City

Zip Code

OLATHE CHRISTIAN SCHOOL

PARENT/SCHOOL AGREEMENT

IN ORDER TO SOLEMNIFY the desire of the undersigned parties to glorify the Lord with their obedience to Him and to promote a clear understanding of the duties and responsibilities of each party, the undersigned parties adopt the following agreement:

I, _____ (name of parent), for and in consideration of my child(ren), _____ (name of child(ren)), being admitted as a student at Olathe Christian School, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this Agreement:

1. I subscribe without reservation to the standards of conduct of Olathe Christian School and agree that my family will abide by these standards in all aspects of our lives, both at and away from school ministries and functions. I am a member of _____ Church, faithfully attending public services and taking an active part in the total church program. I understand that there may be minute differences between my beliefs and the school Statement of Faith. However, I understand that if my belief or attitude becomes counterproductive to the purpose of Olathe Christian School, my child will be dismissed immediately.
2. I understand and agree that the church and the school ministry are inseparable and that my child may be expelled from the school if either of us is out of fellowship with our local church.
3. I have read and understand the *Olathe Christian School Parent and Student Handbook* and I agree with it completely. I agree that my child must abide by all of the policies, rules and regulations of the school, including those listed in the *Student Handbook*, and I agree to support Olathe Christian School with my prayers.
4. I understand and agree that the education of my child will be guided by the instructors and other school officials. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him by the instructors or school officials to the best of his or her ability to their satisfaction. I understand and agree that, during my child's enrollment, the courses offered and the instructors teaching them may change from time to time in the discretion of the school leadership.
5. I understand and agree that my child has no right to publish and distribute a student newsletter or any other publication. I understand and agree that Olathe Christian School has the right, in its sole discretion, to control what is published, circulated, or otherwise distributed at its school to its students or staff, and I will ensure that my child understands this provision.

6. I understand and agree that attending Olathe Christian School is a privilege and the school reserves the right to suspend or expel my child from the school for just cause, as determined by the school. Notwithstanding anything to the contrary contained herein, this Agreement does not bind either party to any specific period of enrollment. Either party may terminate this Agreement without cause upon written notice. Registration and enrollment fees are non-refundable. Tuition is prorated to the number of months attending the school. There is no prepayment penalty. Unused tuition payments will be refunded.

7. As I am a Christian and Olathe Christian School is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. To do otherwise, would be in clear violation of Biblical teaching and practice.

8. The parties agree that there are no other agreements or understandings between them relating to the subject matter of this Agreement. This Agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement of the parties. Neither this Agreement nor its execution has been induced by any reliance, representations, stipulations, warranties, agreements or understandings of any kind other than those expressed herein. If any provision of this agreement is found to be void or voidable, it shall not affect the validity of any other provision. Both parties shall remain bound by all other provisions.

9. I certify that I will explain this agreement and its meaning to my child. I will assist the school in every way necessary to ensure my child abides by all the terms of this agreement.

10. I agree that all records of work accomplished while my child is in attendance at Olathe Christian School will be withheld if my account is not current.

IN WITNESS WHEREOF, the parties have executed this Agreement on the ____ day of _____, 20__.

I understand this agreement and its content and agree to abide by its terms and all rules which apply to students.

Signature of Parent

Signature of Student (7th Grade and Above)

ACCEPTED AND APPROVED:

Signature of Administrator