

Garden Gate Kindergarten Application for Enrollment

Please fill out and return this form with a non-refundable application fee of \$75.00 to the Director: Deborah Kallmann, 107 Park Hill Ave. Columbia, MO 65203.

Child's Name _____ Birth Date _____ Sex _____

Applying For:

"Poppies" (children 3–5 years old; 2-day/week)

"Buttercups" (children 4-6 years old; 3-days/week)

"Sunflowers" (children 4–6 years old; 5-day/week)

Mother's Name _____ Father's Name _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Work Phone: _____ Work Phone: _____

Employer's address: _____ Employer's address: _____

Hours at Work: _____ Hours at Work: _____

Other children in the family:

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Emergency Contact(s) Other than Parent(s) or Doctor

Name: _____ Telephone number: _____

Address: _____ City, State, Zip: _____

Name: _____ Telephone number: _____
Address: _____ City, State, Zip: _____

Person(s) authorized to take child from Garden Gate School Facility

Name: _____ Name: _____

Authorization for emergency medical care.

Physician and preferred hospital to be used in an emergency.

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor/clinic name _____ Telephone _____

Preferred hospital name _____ Telephone _____

Field trips and transportation:

I do I do not

Give my consent for my child to take part in field trips or excursions with Garden Gate School under proper supervision. It is my understanding that I will be notified when such trips are planned.

AGREEMENTS

A. I have been informed of the required health and safety inspections of the school and that the inspection forms are available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

Parent/legal guardian
signature _____

Date _____

Health Report for child

Child's health history and current health problems:

Any allergies, special medical conditions (including chronic health problems)

Any special medications and/or restrictions

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger her/him or other children in the school.

Parent/legal guardian

signature _____ Date _____

For School Use Only: Child Admitted Date: _____

Please answer the questions below. Use the back as needed or attach additional pages.

1. Briefly describe your child: temperament, likes/dislikes, learning style, etc.

2. Describe the rhythm of your child's day and evening (the sequence of activities, rest times, bed times, amount of television, etc.).