



Growing Hearts Daycare/Preschool

4400 North First Street ♥ Lincoln, NE 68521 ♥ (402) 474-5820

The Parkview Christian Schools Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, & activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national & ethnic origin in administration of its educational policies, admissions policies scholarship & loan programs, athletic and other school-administered programs.

Student's Name				
Last	First	Middle	Today's Date / /	
Address				
Street		City:	State:	Zip:
Home Phone	Cell Phone	Birthday	Soc. Sec. #	Age

Boy Student's attitude toward school:
 Girl

If K-4 enrollment exceeds the class limit, we will offer 2 sessions per day. If that were the case, which session would you prefer? In some cases, we may be able to accommodate friend requests, please fill in if applicable. (Please keep in mind that priority will be given according to enrollment date.)

Morning _____ Afternoon _____ Friend Request _____

Child resides with: _____ both parents _____ Mother only _____ Father only _____ Other: _____
Allergies or illnesses:
I will usually drop my child off at _____ a.m. and pick them up at _____ p.m. I will need care everyday Monday –Friday Yes _____ No, I will not need care on _____.

Parent Information

Father	Mother
First/Last	First/Last
Address	Address
City State Zip	City State Zip
Home Phone Cell Phone	Home Phone Cell Phone
Employer	Employer
Work Phone	Work Phone
Email address	Email address

Person (s) to Whom the Child may be Released by the Caregiver: (If no one, please write "none")

Name: _____	Employer: _____
Address: _____	Address: _____
City: _____ Phone: _____	City: _____ Phone: _____

I give permission for Growing Hearts North to use my child's photograph in informational and promotional articles including newsletters, newspaper articles, brochures, web articles, etc.

Parent Signature

I give permission for Growing Hearts South to transport my child when a planned field trip is taken. I understand that I will be notified in advance of any trips that will be taken.

Parent Signature

How did you become interested in or hear about Growing Hearts? _____

Person(s) Who Will Take Responsibility for the Child in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____ Facility/Caregiver
 _____ to contact Doctor _____ Name of Physician

Phone _____ Address _____ City _____
 And, if necessary, take my child to the following doctor(s), clinics, or hospital _____

 Signature of Parent _____ Date _____

Medication Competency Statement

I, _____ have determined _____ Provider/Director
 Competent to give or apply medication to my child(ren).

 Signature of Parent _____ Date _____

Any health problems which caregiver should know: _____

Medication, if any: _____

Allergies, if any: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

Certificate of Immunizations

Month and Year of Each Dose

DPT/TD(Diphtheria-Tetanus-Pertussis)

Month and Year	Given By

Oral Polio

Month and Year	Given By

	Month and Year	Given By
Measles		
Mumps		
Rubella		
M-M-R		
HIB		

I certify that the above information is correct to the best of my knowledge.

 Signature of Parent _____ Date _____