

**K.I.D.S. APPLICATON**  
**(Kingdom Inspired Day School)**  
**Child Information**

**CHILD**

A. Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

B. Date of Admission \_\_\_\_\_ Birthdate \_\_\_\_\_

**PARENTS**

A. Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

B. Address \_\_\_\_\_  
\_\_\_\_\_

C. Phone \_\_\_\_\_

D. Employment \_\_\_\_\_

E. Work Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

A. Name of person (other than parent) authorized to act for a parent in an emergency \_\_\_\_\_

B. Address \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_

C. Physician \_\_\_\_\_ Address \_\_\_\_\_

Office Number \_\_\_\_\_

**BACKGROUND INFORMATION**

Other children in the family	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXPERIENCES WITH OTHERS**

A. Has child attended a daycare or preschool before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

B. Does child play with other children? \_\_\_\_\_ How? \_\_\_\_\_

C. Does child usually get his/her own way with other children? \_\_\_\_\_ If not,  
how does he/she react? \_\_\_\_\_

D. Is the entire family together for any time during the day? \_\_\_\_\_

**EATING HABITS**

A. What time does the child eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_

B. What is his/her general attitude toward eating? \_\_\_\_\_

C. If he/she refuses to eat, how is this handled and by whom? \_\_\_\_\_

D. Favorite foods \_\_\_\_\_

E. Disliked foods \_\_\_\_\_

F. Foods he/she is allergic to \_\_\_\_\_

**SLEEP HABITS**

A. Has room alone \_\_\_\_\_ Shares room with other child \_\_\_\_\_ Sleeps with parents \_\_\_\_\_

B. At night, sleeps from \_\_\_ to \_\_\_ Average sleeping hours \_\_\_\_\_ Naps from \_\_\_ to \_\_\_

Average napping hours \_\_\_\_\_ Attitude toward going to bed \_\_\_\_\_

If there is a difficulty, how is this handled? \_\_\_\_\_

C. Does he/she wet the bed? \_\_\_\_\_ How is this handled? \_\_\_\_\_

**TOILET HABITS**

A. Time at which child is taken to bathroom? \_\_\_\_\_ Does he/she go by  
themselves? \_\_\_\_\_

B. Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_ Constipated \_\_\_\_\_

C. Can he/she undress himself/herself at the toilet? \_\_\_\_\_

D. What word is used for urinating? \_\_\_\_\_ BM? \_\_\_\_\_

**SPEECH AND PHYSICAL GROWTH**

A. Regarding communication, the child talks: ( ) well; ( ) fairly well;  
( ) not very well; ( ) not at all

B. Does anyone read to child? \_\_\_\_\_ How often? \_\_\_\_\_

C. At what age did the child creep? \_\_\_\_\_ crawl? \_\_\_\_\_ walk? \_\_\_\_\_

D. Would you describe him/her as active or quiet? \_\_\_\_\_ Thin, average weight  
or heavy? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please include any other information you believe we should have about your  
child including any allergies.

\_\_\_\_\_  
\_\_\_\_\_

I have received a summary of TN. licensing requirements. I do hereby authorize  
emergency medical care.

\_\_\_\_\_  
Signature of Parent(s)

Monthly fee \$ \_\_\_\_\_ Date child enrolled \_\_\_\_\_ Date withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

**K.I.D.S. MEDICAL AUTHORIZATION FORM**  
**Emergency names and numbers**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

**Names of friends or relatives to call if you cannot be reached:**

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

**Physician to be called in an emergency:**

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

**Full names of all persons authorized to take child from the preschool. The child will not be released to any other persons unless the preschool is notified beforehand.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**I authorize K.I.D.S. staff to take whatever emergency medical measures deemed necessary for the protection of my child while in their care. I understand that this authorization includes calling a physician, implementing his/her instruction, and transporting my child to a hospital or clinic without first obtaining my consent.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# CHILD'S HEALTH HISTORY CHECKLIST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer.

## Pregnancy and Birth

- YES NO 1) Were there any problems with pregnancy or your child's birth?  
YES NO 2) Was his/her birth weight under 5 ½ pounds?  
YES NO 3) Did the baby have any problems in the hospital?

## Medical Problems

- YES NO 4) Has your child ever been in the hospital overnight?  
YES NO 5) Is your child taking any medicines?  
YES NO 6) Any allergies or reactions to medicine, DTP or other shots, or insects?  
YES NO 7) Has your child had asthma or wheezing?  
YES NO 8) Does your child have speech or hearing problems?  
YES NO 9) Has your child had more than two ear infections in a year?  
YES NO 10) Has your child had tonsillitis?  
YES NO 11) Does your child have trouble with his/her eyes or seeing?  
YES NO 12) Has your child had a bladder or kidney infection?  
YES NO 13) Does he/she have burning with urinating?  
YES NO 14) Does he/she have seizures, fits or shaking spells?  
YES NO 15) Have you ever been told your child has a heart murmur?  
YES NO 16) Is your child able to play as hard as other children?  
YES NO 17) Has your child ever had a bumpy, swollen reaction to the TB test?  
YES NO 18) Has your child ever been with anyone having TB?  
YES NO 19) Does your child scratch his/her genital area?  
YES NO 20) Is his/her bottom or genitals red or sore?  
YES NO 21) Is your child a hemophiliac (free bleeder)?  
YES NO 22) Is your child on a heart monitor?  
YES NO 23) Does your child have tubes in his/her ears?

## General Development

- YES NO 24) Does your child get along with other children?  
YES NO 25) Is he/she usually happy?  
YES NO 26) Does your child have any special problems not indicated above?  
YES NO 27) When did your child last see a doctor? \_\_\_\_\_

Month/Year

## **K.I.D.S. SICK POLICY**

**It is vital that every parent or guardian follows the sick policy. It protects not only your child but also every child enrolled at K.I.D.S. There are no provisions for the caring of sick children at the preschool and in the event of a child's illness, we expect the parent to pick up that child as soon as possible.**

**A child with a fever, vomiting, or diarrhea must remain home. If these symptoms appear during the day at preschool, we will contact the parent immediately so arrangements can be made to pick up the child. The child must be free of these symptoms for 24 hours before returning to preschool. Please be considerate of the teacher and other children concerning mucus (especially green) running from the nose.**

**Any medications either over the counter or prescription can only be given with written permission from the parent or guardian. A medicine form must be completely filled out and signed for each day the medicine must be administered. The staff will give the medicine once a day with a witness. We will not give medications to reduce fever.**

**Thank you for your cooperation regarding this policy. It will protect the children and keep illness at a minimum.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**NAME OF CHILD** \_\_\_\_\_

**I, the parent, authorize the staff of K.I.D.S. to assist my child in the bathroom if necessary, this includes but is not limited to changing soiled clothing or personal hygiene for the child. If the child is in the toddler or two year olds class and wears pull-ups or disposable diapers, I, the parent, authorize that my child may be changed accordingly. I agree that I will not hold liable any member of the school staff who is directed by the school's director to assist my child in the above matters.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_