

## Garden Gate Kindergarten Application for Enrollment

Please fill out and return this form with a non-refundable application fee of \$100 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)

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Any special medications and/or restrictions

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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: \_\_\_\_\_

