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www.SproutsPreschool.org * Director: Kim Havard
... a ministry of Rhea's Mill Baptist Church

Admission Packet

student information

Student's full name: _____
(last) (first) (middle)
Preferred name: _____ Male Female Birthdate: ____ / ____ / ____
Address: _____
(street) (city) (state) (zip)
Phone: (____) _____ - _____ For school year: _____ - _____

parent information

Father / Legal Guardian Information (please circle one)

Full name: _____
Address: _____
(street) (city) (state) (zip)
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Driver's License No. _____ State: _____

Mother / Legal Guardian Information (please circle one)

Full name: _____
Address: _____
(street) (city) (state) (zip)
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Driver's License No. _____ State: _____

designated contacts & pick ups

If I cannot be reached in the event of an emergency, an illness, or my child is left after school hours, **SPROUTS** has permission to contact the following person(s) to pick up my child. **NOTE: Please list these contacts in the order you prefer us to call them. You must list at least ONE contact. ALL information must be provided. Please use only LOCAL contacts who would be available. All addresses must be PHYSICAL addresses and not post office boxes.**

1. Name: _____ Relationship: _____
Address: _____
(street) (city) (state) (zip)
Telephone: _____ Cell Phone: _____
Driver's License No.: _____ State: _____
2. Name: _____ Relationship: _____
Address: _____
(street) (city) (state) (zip)
Telephone: _____ Cell Phone: _____
Driver's License No.: _____ State: _____

(Please list any additional contacts on reverse side.)

Signature of Parent / Legal Guardian

Date

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Name of Student: _____ Date of Birth: _____

physician information

Child's Physician: _____

Physician's Address: _____

City: _____ State: _____ ZIP: _____

Physician's Telephone: _____

emergency medical authorization

In the event of an emergency, accident, or serious illness in which medical attention/treatment is required for my child, I do hereby authorize that qualified and licensed medical personnel give treatment. I understand that I will be contacted first. If **SPROUTS** is unable to reach me, my signature below authorizes **SPROUTS** to exercise their own judgment in contacting my child's physician or make arrangements as deemed necessary to have my child transported to the emergency medical care facility listed below (*the facility of choice is not guaranteed*). I understand and agree that all expenses incurred in treatment will be assumed either directly by me or by my insurance company. I will not hold **SPROUTS** and **RHEA'S MILL BAPTIST CHURCH** responsible for any emergency, accident, or serious illness that requires the use of this Emergency Medical Authorization.

Name of preferred Emergency Medical Care Facility: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Name of Insured: _____

Insurance Company: _____

ID #: _____ Group #: _____

Telephone: _____

permission

Please check all that apply:

- **Photo Permission** to use your child's image in newsletters for **SPROUTS**: Yes No
- **Field Trip Permission** to participate in field trips (four-year-olds only): Yes No
- **Water Activities Permission** to participate in: sprinkler play wading pool water table

health history (please leave no blanks)

Does your child have any allergies? Yes No

If so, what?: _____

How are allergies manifested (rash, swelling, upset stomach, etc.)? _____

Does your child have any physical handicaps? Yes No

If so, what? _____

List any dietary restrictions: _____

Is child potty trained? Yes No Any assistance needed? Yes No Explain: _____

List any routine or "as needed" medications taken by your child: _____

Please describe your child's overall health: Excellent Good Fair Poor

Please give any additional information you think may be important for us: _____

Signature of Parent / Legal Guardian

Date

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Name of Student: _____ Date of Birth: _____

HEALTH REQUIREMENTS for 2011-2012

ADMISSION REQUIREMENT: One of the following must be presented when your child is enrolled in **SPROUTS** or within one week of admission. Check to indicate the option you select:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that he/she is physically able to participate in school activities.

Date: _____

 Signature of Health-Care Professional

- A signed and dated copy of a health-care professional's statement is attached. (Must be stamped with address of health-care professional.) If child is age four and over, a copy of the latest hearing and vision testing is also attached.

- PARENT'S STATEMENT:** My child has been examined within the past year by a health-care professional and is physically able to participate in school activities. I will obtain a health-care professional's signed statement within 30 days of admission, and will submit it to **SPROUTS**.

Name and address of health-care professional: _____

- Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization, to which I adhere to or am a member. I have attached a signed and dated affidavit stating this fact.

IMMUNIZATIONS	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Booster	Date/Booster
DTP/DTaP/DT					
IPV or OPV					
MEASLES/MUMPS/ RUBELLA					
HIB					
HEPATITIS A					
HEPATITIS B					
PCV7					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
VARICELLA (see below)					

Varicella (Chickenpox) vaccine is not required if your child has already had the disease. If your child has had Chickenpox, please complete the following statement: My child had Varicella Disease (Chickenpox) on or about _____ and does not need the Varicella Vaccine.

Date: _____

 Parent Signature

Date: _____

 Signature of Health-Care Professional

Immunizations must be signed or rubber-stamped by physician or other health-care professional.

Hearing Screening (required for all four-year-olds)		Date		Signature
Hz	1000	2000	4000	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Vision Screening (required for all four-year-olds)		Date		Signature
R20/		L20/		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

 Signature of Parent / Legal Guardian

 Date

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Name of Student: _____ Date of Birth: _____

CLASS SELECTION

scholastic information

Has your child participated in preschool before? Yes No

School: _____ Class: _____

School: _____ Class: _____

Describe your expectations of **SPROUTS** in regard to your child. _____

preferences

Please check the appropriate class. The child must turn the age of the class by September (*i.e. must be 4 years old by September 1 to enroll in the Pre4 class*). **Children in Pre3 or Pre4 classes must be potty trained.**

Age on September 1: _____

- Pre1 _____ T/R
- Pre2 _____ T/R
- Pre3 _____ T/R or M/T/R
- Pre4 _____ T/R or M/T/R

Is your child potty trained? Yes No Partially

Does child need assistance using the restroom? Yes No

Explain: _____

Signature of Parent / Legal Guardian

Date

Office Use Only:	<input type="checkbox"/> Enrollment	Date: _____		
	<input type="checkbox"/> Registration Fee	Date Paid: _____	Check #: _____	Amt: \$ _____
	<input type="checkbox"/> Supply Fee	Date Paid: _____	Check #: _____	Amt: \$ _____
	<input type="checkbox"/> Full Payment	Date Paid: _____	Check #: _____	Amt: \$ _____
Payment Options:	<input type="checkbox"/> Monthly Payments			
Teacher's Name: _____		Room #: _____		
<input type="checkbox"/> M <input type="checkbox"/> F City: _____	Date: _____	Check # _____	Amt \$ _____	

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Name of Student: _____ Date of Birth: _____

student information & call-in code

Name of Student: _____ Class: _____

Who will primarily bring the child to school? _____

Who will primarily pick up the child from school? _____

CALL-IN PASSWORD

The call-in password is used for the protection of your child. In the event you need to call **SPROUTS** with instructions for your child's release to any individual other than yourself, we will require this call-in password to verify that you are the child's parent.

Call-In Password: _____ Reminder Question: _____

information source

How did you hear about **SPROUTS**?

- Website Newspaper Church Newsletter Private School Fair Yellow Pages
 Friend Sign Other: _____

non-discriminatory policy

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

final instructions

This **Admission Packet** must be completed in its entirety for each student seeking admission to **SPROUTS**. It should be submitted in person or mailed to **SPROUTS**.

parent statement

We understand that admission to **SPROUTS** is subject not only to space available but also to the **SPROUTS** policies, procedures, and guidelines. We further understand and acknowledge that continued enrollment of our child shall be subject to the payment of all fees and charges.

Signature of Father / Legal Guardian

Date

Signature of Mother / Legal Guardian

Date

“They are like trees growing beside a stream, trees that produce fruit in season and always have leaves.” Psalm 1:3 CEV