



## APPLICATION FOR ADMISSION

Child's Information									
						<b>Date of Birth:</b>			
Child's Last Name		First Name		Middle Name				Month   Day   Year	
Child's Home Address									
		(Street)		(City)		(Zip)			
Child's Gender		Male   or   Female		Any custody concerns			YES   or   NO		
Ethnicity of Child (Please check one)			Hispanic				Non Hispanic		
Race of Child (Please check all that apply)									
	American Indian-Alaskan Native					Black-African			
	American Indian-Native & Black-African American					Black-African American & White			
	American Indian-Alaskan Native & White					Native Hawaiian-Pacific Islander			
	Asian					White			
	Asian & White					Multi-Racial (Please List Below			
	Asian –Pacific Islander								
Elementary School in Immediate Neighborhood:									
Father's Information									
Full Name									
Home Address									
		(Street)		(City)		(Zip)			
Business Name & Address									
		(Street)		(City)		(Zip)			
Phone Numbers									
		(Business)		(Cellular)		(Home)		Email Address	
Mother's Information									
Full Name									
Home Address									
		(Street)		(City)		(Zip)			
Business Name & Address									
		(Street)		(City)		(Zip)			
Phone Numbers									
		(Business)		(Cellular)		(Home)		Email Address	
Marital Status				Single					
				Married		Who is Head of Household?			
How did you hear of St. Mark's?									

I understand and agree to the following: The registration fee of \$100 is due upon receipt of this application. The tuition payment is due on or before the first day of attendance. A \$25 service charge will be made on all returned checks.			
Date		Signature	
Date of Enrollment		Date of Disenrollment	
List all other members of your household			
Name		Age	Relationship to child (any other name child refers to this person)
What languages are spoken at home?			
Describe any special medical, physical, or emotional issues that would be helpful for the staff to know			
Has your child had an early intervention evaluation? If so, please circle all that apply:		IEP?	Yes or No
		ISFP?	Yes or No
Is your child receiving any of the following services? If yes, please circle all that apply.		Speech Therapy	Occupational Therapy
		Physical Therapy	
Please give dates for the last examination of the following			
Date		Date	
	Physical Exam		Dental Screening
	Vision Screening		Developmental Screening
	Hearing Screening	Yes or No	Immunization Current?
Are there other personal circumstances that would be helpful for the staff to know?*			
What do you expect your child to gain from this early childhood experience?			
Has the child been in child care or kindergarten prior to this time?			
Yes	No	If so, where?	How long?
*Children's records are confidential to staff and information is not released without permission unless ordered by a court of law.			
Please state any additional comments			



## **MEDICAL INFORMATION FORM**

To be completed by parent, guardian or other responsible person.

<b>Child's Name</b>			
<b>Date of Birth</b>			
	<b>Month</b>	<b>Day</b>	<b>Year</b>
Does your child have any allergies or other medical conditions? If so, please list below			

INSURANCE INFORMATION			
<b>Health Insurance Name</b>		<b>Dental Insurance Name</b>	
FAMILY MEDICAL INFORMATION (In case of emergency)			
<b>Name of Doctor</b>		<b>Phone Number</b>	
<b>Name of Dentist</b>		<b>Phone Number</b>	
I give my permission for emergency medical transportation or treatment. (Please check and sign one)			
<b>Yes</b>	<b>No</b>	<b>Signature</b>	<b>Date</b>

**To be completed by center staff:**

Documentation of current immunization and birth certificate must be on file before enrollment.

Required Immunizations (dates completed-See attached paperwork)

RECORD OF IMMUNIZATIONS					
	<b>Medical Exemption (attach copy)</b>	<b>Date</b>		<b>Religious Exemption (attach copy)</b>	<b>Date</b>
<b>Checklist</b>					
<b>Date Received</b>					
<b>Proof of Birth Certificate</b>					
<b>Proof of Immunization</b>					



## **PERMISSION FORM**

### **FIELD TRIP**

Your child will be taken on field trips weekly. You will be notified each time as to the date, time, and destination.  
To avoid obtaining permission each time, please complete the following information:

I hereby give permission to my child \_\_\_\_\_  
to be taken on field trips. I release the school from responsibility for any injury which may occur.

Signature

Date

### **SUNSCREEN PERMISSION**

I hereby give permission for the staff of St. Mark's to apply sunscreen, which I have provided for my child, \_\_\_\_\_. I release the school from any claim for damages or injury which might result from this use.

Signature

Date

### **PHOTO RELEASE**

Permission is hereby granted for \_\_\_\_\_  
to be photographed, interviewed, video or audio taped for publicity (newspaper, television, film, slide presentation, or brochure) purposes to educate the public on the function of and the services offered by St. Mark's in the Valley Day School. I waive all claims for any compensation for such use or for damages.

Signature

Date

### **PHONE RELEASE**

Permission is granted for my (our) name (s), address and phone to be released to St. Mark's families.

Signature

Date

### **INFORMED OF POLICIES AND PROCEDURES**

I have read the Family Handbook and understand St. Mark's policies and procedures and will abide by them. I know that if, at any time I have questions, I can address them to the staff.

Signature

Date



# CHILD RELEASE FORM

<b>Name of Child</b>	<b>Date of Birth</b>

**Parent Contact Information: (this information MUST BE CURRENT at all times)**

Father /Guardian Name		Mother/Guardian Name	
Address (if different from household)		Address (if different from household)	
Day time Phone	Evening Phone	Daytime Phone	Evening Phone

[illegible]



# **RELEASE OF INFORMATION**

I hereby authorize St. Mark's in the Valley Day School to release and exchange information regarding my child \_\_\_\_\_ to Kathleen Hall, LISW for educational purposes.

All information is kept confidential and conversations between staff members at St. Mark's & above named organization's representative will only be in the best interest of the child.

If a referral is made directly to the above organization for further assistance, a more detailed form may be required.

**Name of parent/guardian (printed)**

**Signature of parent/guardian**

**Date**



### FOCUSED PORTFOLIO

I \_\_\_\_\_, authorize St. Mark's in the Valley Day School to take photographs  
(name of parent/guardian)

and use work samples of my child \_\_\_\_\_, for use as follows:  
(name of child)

Please Check all that apply:

<input type="checkbox"/>	In creating focused portfolio to share with family
<input type="checkbox"/>	For possible publication in reports, professional journal articles and/or books that will explain and/or promote focused portfolios.

Signature	Date

			Please mark One
Date of Birth of Child	Returning	Newly Enrolled	