

Application for Little School

Name of Student: _____

Prefers to be called: _____

Male Female Age: _____ Date of Birth: _____

Name of Parents or Guardians: _____

Address: _____

City: _____ Zip: _____

Phone Numbers: day _____ evening _____

Where Are You Employed (include phone number & job title): _____

Name of Person(s) Picking Child Up After School: _____

Name of Person to Contact in Case of Emergency (Provide 3 names & numbers)

1. _____

2. _____

3. _____

Name of Physician: _____

Hospital Preference: _____

Special Medical Needs (Allergies, Diets, etc.): _____

Is Immunization Record Up-to-date? Yes No (Please provide copy)

Does Your Child Have Any Special Physical Needs: _____

Personality Traits

Please, Specify Any Special Circumstance That May Help Us Better Understand Your Child and His/Her Emotional Needs (example: adopted, step parents, extreme shyness, are they comfortable in new places, have they had babysitters before, etc):

Does Student Attend Sunday School: _____

Are You Actively Involved With A Church In Our Area? If so, which one? _____

Child's Favorite Stories, Songs, Activities, etc.: _____

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I (We), _____ and _____
(name) (name)

of _____ of _____ County,
(city) (county)

_____, do hereby state I am (we are) the natural parent(s)/
(state)

Legal guardian(s), having legal custody of _____

A minor, age _____, born _____, who resides with me (us) at

I authorize the Staff of the Little School at the Flatwoods church of Christ, 2100 Argillite Road, city of Flatwoods, county of Greenup, state of Kentucky to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state(s) of _____, When the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Dated this _____ day of _____, _____.

(signature of parent or guardian) (expiration date)

Child's doctor _____

Child's allergies _____

Medicines being taken _____

STATE OF KENTUCKY
COUNTY OF GREENUP

I, a Notary Public, in and for the aforesaid county and state, do hereby certify that the foregoing Consent Form was, this day before me in my said county and state, duly executed and acknowledged before me by

_____ to be their free act and deed.

This _____ day of _____, _____.

Notary Public, State of _____
Commission expires: _____

(name of young person)

In reference to the above named applicant we the undersigned covenant and agree with the Flatwoods church of Christ that we will at all times hereafter indemnify, keep indemnified and save harmless the said Flatwoods church of Christ from actions preceding claims, demands, cost, damages and expenses which may be brought against or claimed from the Flatwoods church of Christ or which it may be sustained or incurred as a result of illness, accident or misadventure to the above named applicant during the period that said applicant is a participant in Little School activities.

In case of emergency I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician as stated on the enrollment form or to the available physician on call to secure proper treatment for my child.

(signature of parent or guardian)

Date signed _____

STATE OF KENTUCKY
COUNTY OF GREENUP

I, a Notary Public, in and for the aforesaid county and state, do hereby certify that the foregoing Consent Form was, this day before me in my said county and state, duly executed and acknowledged before me by

_____ to be their free act and deed.

This _____ day of _____, _____.

Notary Public, State of _____

Commission expires: _____