



# Preschool Application

- Insurance Cards
  - Immunization Card
  - Copy of Birth Certificate
  - Emergency Care Release
  - Emergency Contact
  - Sign in/out Safety
  - Photo Release
  - Financial Agreement
- \*office use only

Child's Name: \_\_\_\_\_

## Parent / Guardian Information

Mother / Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you available to receive updates on your child during the day?    YES    NO    May we contact you via text?    YES    NO  
           

Phone number for updates: \_\_\_\_\_

## Parent / Guardian Information

Father / Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you available to receive updates on your child during the day?    YES    NO    May we contact you via text?    YES    NO  
           

Phone number for updates: \_\_\_\_\_

## Child's Information

Child's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: (if different): \_\_\_\_\_  
*Street Address* *City* *State* *ZIP Code*

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Does your PreK have any siblings? YES NO  
  \_\_\_\_\_  
*Names* *Ages*

Is your PreK Right or Left Handed? Left Right

Is your PreK Male or Female? Male Female

Does your PreK need any special accommodations to be successful in preschool? If yes, please explain:

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## Child's Healthcare

*Please fill out all sections completely.*

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Does your PreK have any allergies? YES NO Does your PreK have any health/medical needs? YES NO

If yes, please explain:

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Due to any health conditions are there any activities your PreK **can not** participate in?

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Medical Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Member ID: \_\_\_\_\_

Copy of Insurance card provided? YES NO Copy of Immunization on file? YES NO

Child's Name: \_\_\_\_\_

**Emergency Care Release**

I, \_\_\_\_\_, parent/guardian have enrolled my child at Largo Christian Preschool, and hereby authorized Dr. \_\_\_\_\_, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Largo Christian Preschool activity. In the event Dr. \_\_\_\_\_ or any physician in his/her group practice is not available, I hereby authorized Largo Christian Preschool, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or the medical personnel for my child whenever the authorized Largo Christian Preschool believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

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

\_\_\_\_\_  
*Print* *Relationship to Child*

Child's Name: \_\_\_\_\_

### Emergency Contacts

Please list three (3) contacts the school can contact if the parents are unable to be reached in a case of an emergency.  
(MUST BE FILLED OUT COMPLETELY)

<i>Name</i>	<i>Phone Number</i>	<i>Address</i>	<i>Relationship to Child</i>

Child's Name: \_\_\_\_\_

**Sign in/out Safety**

All parents are required to sign their PreK in and out from Largo Christian Preschool. Largo Christian Preschool will not allow any child to leave unless they are signed out by a parent/guardian or someone listed below.

Please list the individuals whom you authorize to transport your child to/from Largo Christian Preschool.

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<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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<i>Name</i>	<i>Phone Number</i>	<i>Relationship to Child</i>
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\* You may alter this list at any time throughout the year **IN PERSON** at the front office.

Student's Name: \_\_\_\_\_

### Photo/DVD Release Form

To protect the privacy and safety of Largo Christian School students, personal information about students (such as birthdates, email addresses, schedules, home addresses or phone numbers) **will not** be published on any Largo Christian School webpage or any publication under any circumstance.

Student names, photos of students, audio or video recordings of students and student work may be published only on official Largo Christian School web pages or official Largo Christian School approved resources, **with parent permission required below.**

Please note that **no permission is required** for large group photos in which the students are not individually identified. If your family has a court order or reason to never have student's picture posted online as a group, please inform Largo Christian School staff in writing.

#### **Disclaimer**

I am aware that still photos and video of my child/children may be taken on the premises of Largo Christian School campus as well as during any off-site campus sanctioned extra-curricular activity (i.e. sporting events, dance, drama, etc.).

I am aware that still photos and video may be posted to Largo Christian School website, social media and/or be used in a variety of collateral printed pieces (i.e. brochures, newsletters, flyers, print ads). The pictures/videos will be used for the purpose of illustrating, advertising and promoting the activities associated with Largo Christian School.

There may be times when Largo Christian School staff, media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in district publications; in district video productions; on the Largo Christian School website; in the news media; or in other nonprofit, education-related organizations' publications as well as the Largo Christian School social media pages i.e. Facebook and Instagram.

#### **PLEASE CHECK ALL THE BOXES BELOW THAT APPLY.**

- I have read the disclaimer and **agree** to allow my child to be photographed. I grant Largo Christian School permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that Largo Christian School may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant Largo Christian School permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school-related stories or articles.
- I have read the disclaimer and agree to allow my child to be interviewed and published accordingly with notice prior by the school principal.
- I have read the disclaimer and **do not agree** to allow my child to be photographed or interviewed.

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Notice of Non-Discrimination: Largo Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally made available to students at our school. We do not discriminate on basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, financial aid, athletics and other school administered programs.