

LIBERTY CHRISTIAN ACADEMY

Eagles' Nest Preschool & Daycare

P.O. Box 514
Wright City, MO 63390
636-745-0388
Fax (636) 745-0390

New Students must submit the following prior to the first day of school:

- Enrollment Forms
- Signed Financial Policy
- \$35 enrollment fee
- At least 1 weeks tuition on or before the start date
- Appropriate Book or Supply Fee
- Immunization Record
- Birth Certificate

Grade	Full Day Care	School Only	Enrollment Fees	Book Fees
Infant	\$115	NA	\$35	\$25 Supply Fee
K-1	\$110	NA	\$35	\$25 Supply Fee
K-2	\$105	\$65	\$35	\$45 Book Fee
K-3	\$100	\$60	\$35	\$65 Book Fee
K-4	\$95	\$60	\$35	\$65 Book Fee
Kindergarten (Summer Rate)	\$115 \$95	\$80 \$60	\$35	\$150 Book Fee
Summer Camp (1 st -6 th)	\$95 + Activity Costs	NA	\$35	\$15 Supply Fee
Before & After	Additional \$5/ Half Day \$9/ Full Day	\$35 LCA \$40 Public	\$35	\$15 Supply Fee

EAGLES' NEST ENROLLMENT FORM

Eagles' Nest Office Use Only:

Admission Date _____
 Hours in Care: Full Day Part-time
 Admission Date: _____

Child

First name _____ M _____ Last name _____ Height: _____
 _____ Sex M F
 Birth date _____ Nickname _____ Weight: _____

 Street _____ Hair Color: _____
 Address _____
 City _____ State ____ Zip _____ Eye Color: _____
 Home Phone _____ Distinctive Marks: _____

 Birthplace _____ Race/Ethnicity _____

Parents: () Married () Divorced () Separated () Widowed () Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Fax Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State ____ Zip _____	Street _____ City _____
Employer		
Work Address	Street _____ City _____ State ____ Zip _____	Street _____ City _____
Work Hours	From _____ To _____ on S M TU W TH F S	From _____ To _____

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian
 Is divorce or legal guardian paperwork Decree on file? Yes, No
 If parents divorced, legal guardian is: Mother, Father, Legal Guardian

If legal guardian is not parent please fill in the following:
 Legal Guardian _____
 Street Address _____
 City _____ State ____ Zip _____
 Telephone _____

Child's Doctor (or clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Home street address		
City, State, Zip Code		
Home Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

Pick-Up Information

The following people HAVE permission to pick-up the child/children named below from Eagles' Nest. It is the parent's responsibility to notify us in writing of any changes.

	Person1	Person 2
Name		
Relation		
Address		
Phone		
Car (Make, Model, Tag)		
Code Word		

The following people MAY NOT pick-up my child(ren) from Eagles Nest.

	Person1	Person 2
Name		
Relation		
Address		
Phone		
Car (Make, Model, Tag)		
Code Word		

Note: Any person unfamiliar to employees will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of enrollment fees.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Eagles' Nest)	Date

I hereby give Eagles' Nest permission to administer the following non-prescription medications and external preparations to my child, _____ DOB: ___/___/_____, in accordance with the directions for use on the container.

	Brand	Medication or Preparation
<u>Yes</u> , <u>No</u>		Baby wipes
<u>Yes</u> , <u>No</u>		Band-aids
<u>Yes</u> , <u>No</u>		Neosporin, bacitrician, or similar ointment
<u>Yes</u> , <u>No</u>		Bactine or similar first-aid spray
<u>Yes</u> , <u>No</u>		* Sunscreen
<u>Yes</u> , <u>No</u>		* Insect Repellent
<u>Yes</u> , <u>No</u>		Non-Prescription ointment (such as A & D, desitin, vaselline)
<u>Yes</u> , <u>No</u>		Ipecac Syrup
<u>Yes</u> , <u>No</u>		Aspirin or Ibuprofen (Tylenol, Motrin, or Generic Brand)
<u>Yes</u> , <u>No</u>		* Other:

* Must be provided by the parent.

I hereby request that Eagles' Nest administer one or more of the above medications or external preparations in accordance with the directions on the container as needed. I release Eagles' Nest from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of enrollment fee, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Eagles' Nest	Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

Any Employee of Liberty Christian Academy or Eagles' Nest to obtain whatever treatment may be deemed necessary for:

_____ /_____/_____
Name of Child #1 (D.O.B)

_____ /_____/_____
Name of Child #2 (D.O.B)

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, the staff of Eagles' Nest will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Eagles' Nest will call 911 and the parent(s).

If the parent(s) cannot be reached, Eagles' Nest will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: _____ Phone: _____

Name: _____ Phone: _____

If the parent(s) and the authorized person(s) cannot be reached, Eagles' Nest will call the child's doctor, identified below. If the child must be taken to a hospital, Eagles' Nest will take the child to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Eagles' Nest will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number
Address:	
Name of Hospital/Clinic:	Phone Number:
Address:	

I agree to promptly notify the director or assistant director of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services, forfeiture of enrollment fees, or both.

Father/Guardian's Signature:	Date:
Mother/Guardian's Signature:	Date:
Eagles' Nest	Date:

EMERGENCY TRANSPORTATION AUTHORIZATION

Either Part 1 or Part Two need to be filled out. DO NOT FILL OUT BOTH!

Part I. Permission to Transport Child

I give *Eagles' Nest* my permission to transport my child _____ to _____ (*Hospital, clinic*) for emergency medical care or to _____ (*dentist, dental clinic*) for emergency dental care, or to the nearest available source of assistance.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Eagles' Nest	Date of Signature:

Part II. Refusal to Grant Permission

I do not give permission to _____ to transport my child _____ for emergency medical or dental treatment. In the event of an illness or injury, I wish for the following measures to be taken:

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Eagles' Nest	Date of Signature:

Eagles' Nest health report

Name of Child:	DOB:	Age:	Sex:
----------------	------	------	------

Child's health history and current health problems:

Any special medical conditions, including chronic health problems:

Any special medications and/or restrictions:

Are your child's immunizations up to date? _____ If not, what is needed?

Has your child had any of the following common childhood illnesses?	Yes/No	Is your child prone to:	Yes/No
Chicken pox	(Y)(N)	Ear infections	(Y)(N)
German Measles	(Y)(N)	Stomach upsets	(Y)(N)
Scarlet Fever	(Y)(N)	Diabetes	(Y)(N)
Measles	(Y)(N)	Headaches	(Y)(N)
Mumps	(Y)(N)	Colds	(Y)(N)
Whooping Cough	(Y)(N)	URI	(Y)(N)
Rubella	(Y)(N)	Sore throats	(Y)(N)
Rheumatic Fever	(Y)(N)	Heart disease	(Y)(N)
	(Y)(N)	Other:	(Y)(N)

Does your child have any speech, hearing, or visual problems?

Has your child ever been tested for any of the above? _____ Describe:

Has your child ever had any surgeries? _____ Describe:

Known medical problems:

Child's Blood Type: _____

Drug Reactions: _____

Contact with Tuberculosis: _____

Allergies: _____

	Date	Results/Reaction
Last tetanus shot		
TB Test		
Chest x-ray		
Sickle Cell Test		

Agreements:

When my child is ill, I understand and agree that Eagles' Nest will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of enrollment fees, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Eagles' Nest	Date

Field Trip Permission and Waiver Form

The children enrolled in our program have many opportunities to participate in various off campus activities as an outgrowth of learning theme interests. On a regular basis, it will be to their advantage to attend activities away from Eagles' Nest and the Liberty Christian Academy Campus on an optional basis ("field trips"). However, Eagles' Nest, Liberty Christian Academy, and the Board of Education cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable staff provision for activities.

I understand that my child must abide by all Eagles' Nest rules, regulations and employee instructions on all field trips. I understand that Eagles' Nest staff cannot prevent injuries because they cannot always control the conditions present.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child in the field trips taken by Eagle's Nest and (2) indemnify and hold harmless Liberty Christian Academy of East Central Missouri, its Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and cost expended in defense thereof, incurred or resulting from your child's participation in field trips taken with Eagles' Nest and Liberty Christian Academy of East Central Missouri including transportation.

Child Name

Parent or Guardian Signature

Date