



# Kirkwood Presbyterian Center for Early Learning

Academic Year Beginning August \_\_\_\_\_, \_\_\_\_\_

Application for Admission 2018-2019 Date Turned in \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Application for Age _____	2/3 year-olds	2 days _____	3 days _____	5 days _____
	VPK:		4 days _____	5 days _____
Extended Care:	2/3 year-olds	2 days _____	3 days _____	5 days _____
	VPK:		4 days _____	5 days _____

## Student Information

(We must have an individual application for each student applying for admission.)

Legal Name \_\_\_\_\_  
First Middle Last (Preferred Name)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Current Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Background (optional/check all that apply)

African America \_\_\_ Asian American \_\_\_ Caucasian \_\_\_ Latino/Hispanic \_\_\_

Mid-Eastern American \_\_\_ Native American \_\_\_ Other (specify) \_\_\_\_\_

U. S Citizen Y \_\_\_ N \_\_\_ Place of Birth \_\_\_\_\_

List the names and grades of any siblings who are/will be attending KPCEL. \_\_\_\_\_

## School History

Last School Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

Why do you want your child to attend KPCEL? \_\_\_\_\_

Was the student previously enrolled at KPCEL? Y \_\_\_ N \_\_\_ If yes, what grades did the student attend? \_\_\_\_\_

Has your child ever has any type of special testing? (Gifted, learning disability, ADD, ADHD, Etc....) Y \_\_\_ N \_\_\_

Custodial Parent Information

Mother's Name \_\_\_\_\_  
First Middle Last Preferred Name

Home Address \_\_\_\_\_  
Street City State Zip code

Spouses name (if other than the student's father) \_\_\_\_\_

Email address \_\_\_\_\_ (Over)

Preferred Phone number \_\_\_\_\_ C \_\_\_ H \_\_\_ W \_\_\_

Preferred method of contact (other than emergency) Call \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Do you have a home church? Y \_\_\_ N \_\_\_ Are you interested in Volunteering? Y \_\_\_ N \_\_\_

Father's Name \_\_\_\_\_  
First Middle Last Preferred Name

Home Address \_\_\_\_\_  
Street City State Zip code

Spouses name (if other than the student's mother) \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Phone number \_\_\_\_\_ C \_\_\_ H \_\_\_ W \_\_\_

Preferred method of contact (other than emergency) Call \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Do you have a home church? Y \_\_\_ N \_\_\_ Are you interested in Volunteering? Y \_\_\_ N \_\_\_

With whom does the student live? (Check any that apply)

Father \_\_\_ Stepfather \_\_\_ Father Deceased \_\_\_ Parents divorced \_\_\_

Mother \_\_\_ Stepmother \_\_\_ Mother deceased \_\_\_ Parents separated \_\_\_

Other \_\_\_\_\_  
Name Relationship

Who has legal custody of the student? \_\_\_\_\_  
(Legal court documentation valid in Florida must be submitted with this paperwork if either parent is not allowed to have contact with the child.)

How did you hear about our school? \_\_\_\_\_



# Kirkwood Presbyterian Center for Early Learning

## Emergency and Pick up Information

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Please list at least two adults (friends, relatives or neighbors) in addition to guardians listed on this application that are authorized to pick up your child from school. Also, please mark those contacts that should be used in case of emergency if a parent is unavailable.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency contact Y \_\_\_\_\_ N \_\_\_\_\_
  
2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency contact Y \_\_\_\_\_ N \_\_\_\_\_
  
3. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency contact Y \_\_\_\_\_ N \_\_\_\_\_
  
4. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency contact Y \_\_\_\_\_ N \_\_\_\_\_
  
5. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency contact Y \_\_\_\_\_ N \_\_\_\_\_

Kirkwood Presbyterian Center for Early Learning does not discriminate in student admission on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privileges of setting to maintain its own standards for student conduct and maintains the right to deny admission to any student who fails to meet the basic admission requirements.

Licensed and accredited by FLOCS #14273



# Agreements and Waivers

Please read carefully before signing.

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## Privacy Statement

I understand that all information collected within this application is solely for use at KPCEL and that KPCEL does not share or release this information in any form without the sole written release of the parent or guardian or the student once graduated.

## Open House Agreement

I understand that it is required that at least one parent attend the Open House at the beginning of each school year.

## Statement of Cooperation

In making application for my child, it is my desire to have him or her complete the 2018-19 school year. I also give permission for my child to take part in all school activities at school-sponsored trips away from the school campus and absolve the school from liability to me or my child because of any injury at school or during a school activity. I agree that lawsuits between Believers are prohibited by Scripture and agree to submit binding arbitration on any matter that cannot be otherwise resolved.

## Medical Treatment Release

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student medical information on this application and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary, and I will not hold the school financially responsible for my child's care.

## Financial Agreement

I understand that the registration fee is required for my child's enrollment in KPCEL and is non-refundable. I agree to pay the tuition rate listed in the school's financial brochure, and I understand that tuition is charged and can be paid in full or through monthly installments. I understand that if the monthly payments are not made by the 10<sup>th</sup> of the month a late fee of \$25.00 will be added. I understand that if the tuition is not paid by the 15<sup>th</sup> of the month my child's enrollment may be terminated until the tuition is made current. A fee of \$25.00 will be collected for any returned checks.

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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Kirkwood Presbyterian Center for Early Learning  
8701 Argyle Forest Blvd., Jacksonville, FL 32244 904-771-7198  
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**Kirkwood Presbyterian Center for Early Learning**



# ALLERGY FORM

2018-2019

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

Date of Birth: \_\_\_\_\_

### Medical Information

Please list all of the student's physical limitations, medications and/or allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hospital \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Date

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

Date

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Documents required to start school

SS card copy  
Birth Certificate  
Florida State physical Examination  
Florida Certificate of Immunization

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### Immunization and Health Requirements

Florida law requires that we have up-to-date health and immunization records signed by a licensed physician showing current information of each child registered. Your physician will supply the Florida Department of Health medical forms

- Physical Health Examinations-
  - Required for students entering school for the first time.
  - Must be done with 12 months prior to entering school.

Immunization- Florida law 232.032 requires that all students provide the school with evidence that they have been immunized. It is important that specific dates be listed for each immunization. The following must be completed by all students:

1. 5 DPT (Diphtheria, Pertussis, Tetanus)
2. 4 or 5 Polio
3. 2 MMR (Measles, Mumps, Rubella)
4. 3 Hepatitis B Vaccines must be on record for all students. (Please note that Hepatitis B Vaccine is a series of three shots that must be taken over a six-month period. They must be completed before a student may begin school. State the series now if it is needed for the next school year.
5. Varicella (chicken pox) Vaccine is required for all students unless the child has documentation of the chicken pox disease.
6. HIB: Haemophilus influenza type b is required children 59 months or younger.