

**REHOBOTH EARLY CHILDHOOD CENTER
(RECC)
PRE-K APPLICATION**

Please bring a \$25.00 application fee

Date: _____

Applicant's name: _____
(Last) (First) (Middle) Gender

Mailing address: _____
Box or Street Address City State Zip

Physical address: _____
City State Zip

Home phone number: _____ Date of birth: _____ Age of Child: _____
Note: Child has to be 4 years old by September 1st.

Census No: _____ **Social Security No:** _____
(Required for all Native Americans) (Required for **all** students)

Primary language spoken in the home? English Navajo Both Other

Ethnicity: Anglo African American Asian Hispanic **Native American **Other

***Please indicate tribal/ethnic group:* _____

Applying for: _____ **Full Day** _____ **Half Day > (AM - only)**

Days preferred (circle one): **M, W, F** or **M, T, W, TH, F**

PARENT INFORMATION

Father's Name: _____ Title: Mr., Rev., Dr., Other _____
Last First (please circle one)

Home address (if different from above) _____

Home Telephone: _____ Cell Number: _____ E-mail: _____

Work Number: _____ Ethnicity _____ Chapter Name: _____
(for Navajo parent)

Occupation: _____ Employer: _____

Mother's Name: _____ Title: Mrs., Ms., Dr., Other _____
Last First (please circle one)

Home address (if different from above) _____

Home Telephone: _____ Cell Number: _____ E-mail: _____

Work Number: _____ Ethnicity _____ Chapter Name: _____
(for Navajo parent)

Occupation: _____ Employer: _____

If parents are separated or divorced, with whom does the applicant live? _____

How did you learn about Rehoboth Early Childhood Center? _____

This is a two-sided document and both sides must be filled out completely.

Child's Full Name: _____

Please circle "Yes" or "No" to indicate if you do or do not give permission for the items below:

- (Yes / No) **Walking Trips:** I give my permission to Rehoboth Early Childhood Center to take my child on supervised walking excursions.
- (Yes / No) **Riding Fieldtrips:** I, give my permission to RECC to take my child on supervised excursions where transportation is provided. I understand I will be notified in advance of the date and destination so that I might withhold my child from any field trips. I agree to hold Rehoboth Christian School harmless from any claims which may arise from these trips.
- (Yes / No) **Sunscreen:** I agree to provide sunscreen to RECC and give permission to RECC staff to apply it to my child as needed.
- (Yes / No) **Screening and Referrals:** I give RECC my permission to perform age appropriate health and educational screening on my child and, if necessary, make referrals to the appropriate agencies.
- (Yes / No) **Photographs:** I give my permission to RECC to take photographs of my child and to use them in publicity if needed.

Please provide a copy our child's immunization and birth certificate to RECC before child's first day of attendance.

Any concerns with:

Vision Hearing Speech Dental Other: _____

If a child becomes ill, but it is not an emergency, we will isolate him/her from the other children and contact his/her parents/guardians.

AUTHORIZATION FOR EMERGENCY TREATMENT

The RECC procedure in case of emergency, such as a sudden illness or serious accident is:

1. to render first aid
2. to contact the child's parent or guardian immediately for further instruction.
3. to call your doctor after reasonable efforts have been made to contact you.
4. to escort your child to the hospital in extreme cases.

Failure to establish contact with either parent/guardian may delay treatment. It is understood that in some medical situation, the RECC staff will need to call 911 before the parent, child's physician, and/or other adult acting on parent's behalf may be reached.

THE RECC STAFF HAS MY PERMISSION TO TAKE WHATEVER EMERGENCY MEDICAL MEASURES THAT ARE DEEMED NECESSARY FOR THE CARE AND PROTECTION OF MY CHILD; IT IS MY UNDERSTANDING THAT THIS MAY INVOLVE TRANSPORTING MY CHILD TO THE DOCTOR, HOSPITAL, OR CONTACTING AN AMBULANCE SERVICE FOR ASSISTANCE.

Signature: _____

Date: _____

Persons Authorized to pick up my Child:

In accordance with State law, we must have on file the names, address and telephone numbers of the individuals permitted to drop off and pick up your child from our facility. If someone arrives to collect your child and we have not been introduced and their name is not on our file, in writing, we **cannot** allow your child to leave with them.

Please list below any person's name, address and telephone number who might arrive to pick up your child so that we may avoid any embarrassment, inconvenience or tragedy. Please list at least 2 people.

Emergency Contact (Circle Y or N)	Authorized pick up (Circle Y or N)	Name	Address	Home #	Work #	Relationship to child
Yes or No	Yes or No					
Yes or No	Yes or No					

We the parents or guardian are financially responsible for the above-named student have thoroughly read and understand the above requirements and procedures and will abide by the requirements and procedures as stated.

Parent(s) Signature: _____

Date: _____