



**Nebraska  
Christian**  
SCHOOLS

*Building Lives For Eternity*

**Office Use Only**  
Date Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_  
Acceptance \_\_\_\_\_  
Notification Sent \_\_\_\_\_

**APPLICATION FOR ADMISSION  
Nebraska Christian Preschool**

APPLICANT'S FULL NAME \_\_\_\_\_  
(Last) (First) (Middle) (Sex)

ADDRESS \_\_\_\_\_  
(Street or R.R.) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(Month and Day) (Year)

Name of parent(s) or guardian: \_\_\_\_\_

Parent/Guardian Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Parent/Guardian with Custodial Rights: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: (please specify) \_\_\_\_\_

Occupation of parent/guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Name & Birthdates of other children in family \_\_\_\_\_

Comment on eating habits/food allergies \_\_\_\_\_

Comment on specific dislikes or fears \_\_\_\_\_

Comment on child's behavior/discipline \_\_\_\_\_

Favorite toys or activities \_\_\_\_\_

Does your child take total responsibility for his/her toilet needs? YES/NO If no, please explain \_\_\_\_\_

Previous preschool experience \_\_\_\_\_

Any additional information that would help us to better understand and work with your child? \_\_\_\_\_

Your application is not complete without the following:

- Completed Application Form
- Immunization Record
- Copy of Birth Certificate
- Medical Consent Form

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**Nebraska Christian Schools**  
**MEDICAL CONSENT FORM**

STUDENT'S LEGAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

STUDENT'S ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

SEX: Male Female SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
Month Day Year

DISTANCE YOU LIVE FROM SCHOOL: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
No. of Miles

**CONTACT PERSON (FATHER)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Place of Employment  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**CONTACT PERSON (MOTHER)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Place of Employment  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**EMERGENCY CONTACT** (Please notify them that you are using their name in case of emergency)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (Street-Rural Route-Box)  
\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Relationship to student--relative, friend, etc.  
\_\_\_\_\_  
Home Telephone (Area Code + Number)  
\_\_\_\_\_  
Work Telephone (Area Code + Number)

**MEDICAL INFORMATION**

\_\_\_\_\_  
Doctor's Name  
\_\_\_\_\_  
Doctor's Telephone Number

\_\_\_\_\_  
Doctor's Address

**Medical Alert:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONSENT:** The school staff may apply first aid treatment until the family doctor and/or dentist can be contacted. We give our consent for the staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Permission is granted to the attending physician or dentist to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for my son/daughter. In the event of serious illness or injury, the need for major surgery, I understand that every effort will be made by the attending physician, and/or medical personnel to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of my son/daughter is given.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

