



**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
- Permissions Sheet
- \$50 application Fee

(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)

CONTACT PERSON (MOTHER)

Name

Name

Address (Street-Rural Route-Box)

Address (Street-Rural Route-Box)

Home Telephone (Area Code + Number)

Home Telephone (Area Code + Number)

Place of Employment

Place of Employment

Work Telephone (Area Code + Number)

Work Telephone (Area Code + Number)

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

Name

Relationship to student--relative, friend, etc.

Address (Street-Rural Route-Box)

Home Telephone (Area Code + Number)

Place of Employment

Work Telephone (Area Code + Number)

MEDICAL INFORMATION

Doctor's Name

Doctor's Address

Doctor's Telephone Number

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 _____