



**EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL**  
 (Elementary, Preschool, Kindergarten, Child Care, Before & After school Care)  
**538 West State Street, Eagle, ID**  
 Phone 208-938-0093, Preschool & FAX 939-5544  
 Website: eagleadventistchristian.com

(Revised 2/2021)  
**Preschool/Kindergarten**

**REGISTRATION INFORMATION & CONTRACT**

*Today's Date* \_\_\_\_\_

Students Full Legal Name \_\_\_\_\_

Last Name First Middle SS#

Birth date \_\_\_\_\_ Sex: Male Female Nickname \_\_\_\_\_

Age \_\_\_\_\_ Grade entering \_\_\_\_\_ Family Church Preference \_\_\_\_\_  
 Years Months

For Seventh-day Adventist Students only: Which church are you a member of?

Father \_\_\_\_\_ Yr. baptized \_\_\_\_\_

Mother \_\_\_\_\_ Yr. baptized \_\_\_\_\_

Child \_\_\_\_\_ Yr. baptized \_\_\_\_\_

**PARENT & GUARDIAN INFORMATION:**

Parent/Guardian #1 \_\_\_\_\_

(Primary Address) Last Name First Middle S.S.#

Address #1 \_\_\_\_\_

Street City/State Zip Billing E-mail Address

Phone #1 \_\_\_\_\_

Home Business Cell FAX

Business #1 \_\_\_\_\_

Occupation Employed By

Parent/Guardian #2 \_\_\_\_\_

Last Name First Middle S.S.#

Address #2 \_\_\_\_\_

Street City/State Zip Alternate E-mail Address

Phone #2 \_\_\_\_\_

Home Business Cell FAX

Business #2 \_\_\_\_\_

Occupation Employed By

Emergency Call 1. \_\_\_\_\_

Person other than parent Home Number Cell Work

2. \_\_\_\_\_

Person other than parent Home Number Cell Work

Authorized escorts in case parent cannot be reached.

Name Address Home Phone Cell \_\_\_\_\_

Name Address Home Phone Cell \_\_\_\_\_

I would like to contract for the following services: Requested school-start date for child: \_\_\_\_\_

**Elementary School** - Grade entering \_\_\_\_\_  
Last school attended \_\_\_\_\_ Grade last year \_\_\_\_\_ Teacher \_\_\_\_\_

**Kindergarten**  
Kindergarten - ½ day am \_\_\_\_\_ (5 yr. old by Sept. 1) Kindergarten am/childcare pm \_\_\_\_\_

**Preschool (3-5 yr. olds)**  
1. Preschool Only: (Half-day, 8:30 a.m. to 12:30 noon) M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_  
2. Preschool and Child Care (Full-day, 7:00 a.m. to 6:00 p.m.\*) M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

**Child care (all ages)** 7am - 8:30am, Noon - 6pm or 3:30pm - 6pm  
I will need my child taken to/picked up from Eagle Elementary: am\_\_\_ noon\_\_\_ pm\_\_\_ Eagle Hills: am\_\_\_ noon\_\_\_ pm\_\_\_  
1. Before school care: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ As Needed \_\_\_ (7am-8:30am)  
2. After Kindergarten care: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ As Needed \_\_\_ (12-6pm)  
3. After school care: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ As Needed \_\_\_ (3:30pm-6pm)  
4. Summer care: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ As Needed \_\_\_ 1/2\_\_\_ full\_\_\_

**\*DURING THE MONTHS OF NOVEMBER THROUGH FEBRUARY THE CHILD-CARE CENTER WILL CLOSE AT 5:00 P.M. EVERY FRIDAY.**

**I found out about this school through:** Social Media \_\_\_ Radio Ad \_\_\_ Internet search \_\_\_  
Print Ad \_\_\_ Friend (Name) \_\_\_ Other \_\_\_  
(Please check all that apply)

### Handbook Information

Idaho law (Idaho Code 18-8327 and 18-8414) prohibits the Eagle Adventist Christian School & Child-Care Center, from employing, using as volunteers, or allowing any person on the premises who is registered or required to be registered under the sex offender mandatory registration requirements of Idaho law. The only exception to this prohibition is that such person shall be allowed to drop off and pick up that person's own child or children. If you are presently registered or required to be registered under Idaho sex offender mandatory registration requirements, you must adhere to these restrictions and you have a duty to notify us so that we can assist you in meeting these restrictions. By signing below, you verify that you are not subject to such registration requirements. If you are subject to such registration requirements, please note this on this form prior to signing.

\_\_\_\_ (initial) **I have read the parent handbook and will give my support in upholding its policies.**  
\_\_\_\_ (initial) **If no payments or arrangements have been made on your account for a period of 3 months, the account will automatically be turned over to a collection agency.** In the event that the account becomes delinquent and payment is not made on amounts owing under the terms of this agreement, and the balance is placed with a licensed collection agency including late fees.  
\_\_\_\_ (initial) **I give access to school teaching staff to information/medical records contained in school records.**  
\_\_\_\_ (initial) **I hereby grant permission for my child to be included in valuations and pictures connected with the school program.**

\_\_\_\_\_  
Signature of Father/Guardian Date Signature of Mother/Guardian Date

\_\_\_\_\_  
Date accepted Signature of Director/Principal

**EAGLE ADVENTIST CHRISTIAN SCHOOL & PRESCHOOL**  
**538 WEST STATE STREET, EAGLE, IDAHO 83616**  
**208-938-0093, 208-939-5544**

**CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION**

We, the under signed parents or guardian of \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of \_\_\_\_\_, M. D., (phone # \_\_\_\_\_) or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize EAGLE ADVENTIST CHRISTIAN SCHOOL, PRESCHOOL AND CHILD CARE CENTER or the physician to exercise the best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above and to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to CHRISTIAN EDUCATORS INSURANCE TRUST, through it's representative, at the IDAHO CONFERENCE OF SEVENTH-DAY ADVENTISTS any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. 1320d and 45 CFR 160 through 164. A Photostat copy of this authorization shall be considered as effective and valid as the original.

**MY CHILD IS ALLERGIC TO THE FOLLOWING FOODS / MEDICATIONS:** NONE / YES please list \_\_\_\_\_ I give permission for allergy status to be posted \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature of Father

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Witness

Date \_\_\_\_\_

Phone #s where we can be reached \_\_\_\_\_

**INSURANCE**

Medical insurance company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Group number \_\_\_\_\_  
Name of insured \_\_\_\_\_ Insured ID# \_\_\_\_\_

**IMMUNIZATIONS**

PLEASE ATTACH A PHOTO-COPY OF CHILD'S IMMUNIZATION CARD. ALL IMMUNIZATIONS MUST BE UP TO DATE BEFORE CHILD CAN BEGIN SCHOOL



**Eagle Adventist Christian Center**  
Offering Preschool, Childcare, Before & After-school Care & Summer Camp  
**538 W. State St. Eagle, ID 83616**  
"A Journey to Excellence"  
**Phone & FAX - (208) 939-5544**  
**Website: eagleadventistChristian.com**

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## Health Care Provider Form (to be signed by doctor)

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

\_\_\_\_\_ The child may participate in developmentally appropriate child care/preschool  
with **NO health-related restrictions.**

\_\_\_\_\_ The child may participate in developmentally appropriate child care/preschool **with these restrictions:**  
**Describe all restrictions:**

Health provider \_\_\_\_\_

Name: (print name) \_\_\_\_\_

Provider's Type: MD DO PA ARNP

Health provider's address & Phone: (may attach business card)

**MEDICAL/DEVELOPMENTAL HISTORY**

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

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

Parent Info: Single( ) Married( ) Separated( ) Divorced( ) Remarried( ) Name of step-parent \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

What are your child's siblings names and ages. \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Any specific family culture practices that we can incorporate? \_\_\_\_\_

**Physical Health**

What health problems has your child had in the past? \_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

How Severe? \_\_\_\_\_

Does your child take any medicine regularly? If so, why? \_\_\_\_\_

How your child ever been hospitalized? If so, when and why? \_\_\_\_\_

Has a disability been diagnosed (such as cerebral palsy, seizure disorder, developmental delay?) \_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_

(If there are special care needs, please fill out the attached medical care plan form )

**Development** (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain. \_\_\_\_\_

Does your child have any problems with walking, running, or moving? Please explain. \_\_\_\_\_

Does your child have any problems hearing? Please explain. \_\_\_\_\_

Does your child have any problems using her or his hands (such as with puzzles, drawing, small building pieces?) Please explain. \_\_\_\_\_

Does your child have any problems with mood or behavior? Please explain. \_\_\_\_\_

**Daily Living**

Is child right or left handed? \_\_\_\_\_ Child's normal bed time? \_\_\_\_\_ Does child sleep well? \_\_\_\_\_ Take a nap? \_\_\_\_\_

Favorite indoor activities? \_\_\_\_\_ Outdoor? \_\_\_\_\_

How would you best describe your child's personality? \_\_\_\_\_

What is your child's typical eating pattern? \_\_\_\_\_

\*Any dietary restrictions? \_\_\_\_\_

What foods does your child like? \_\_\_\_\_ dislike? \_\_\_\_\_

How well does your child use table utensils (cup, fork, spoon)? \_\_\_\_\_

How does your child indicate bathroom needs? \_\_\_\_\_

Word(s) for urination: \_\_\_\_\_ Word(s) for bowel movements \_\_\_\_\_

Special words for body parts: \_\_\_\_\_

What are your child's regular bladder and bowel patterns? \_\_\_\_\_

**Social Relationships/Play**

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child (circle all that apply) friendly? aggressive? shy? withdrawn? \_\_\_\_\_

Does your child need extra time/preparation to change from one activity to another? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by (circle all that apply) animals? rough children? loud noises? new experiences? the dark? storms? anything else? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_ What works best when you discipline your child? \_\_\_\_\_

What is child's usual reaction? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_

With which adults does your child have frequent contact? \_\_\_\_\_

**Any specific instructions you would like the teachers to know about your child?**

**What hobbies or interests can you as a parent share with our class**

**What can we do to meet your family's needs, expectations and goals for the care of your child?**

Eagle Adventist Christian School & Preschool  
538 West State Street  
Eagle, Idaho 83616  
208-939-5544

Permission slip

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips or emergency evacuations using the bus or staff members cars. All drivers are screened and background checked.

I hereby grant permission for my child to be included in valuations and pictures connected with the school program.

I hereby grant permission for the director, or acting director, to take whatever steps necessary to obtain medical care if warranted. These steps may include but are not limited to the following:

- A. Attempt to contact the parent/guardian.
- B. Attempt to contact you through any of the persons listed on the registration form.
- C. If we are unable to contact you or the persons listed, we will do any or all of the following:
  - 1. Call 911
  - 2. Have child taken to the closest emergency hospital (St. Al's in Eagle) in the company of a staff member.
- D. Any expenses incurred under "C" above, will be the responsibility of the child's family.
- E. Eagle Adventist Christian School & Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- F. The Eagle Adventist Christian School & Preschool will not be responsible for a child that has not been properly signed in on arrival each day.

\_\_\_\_\_  
Signature of Mother/legal guardian

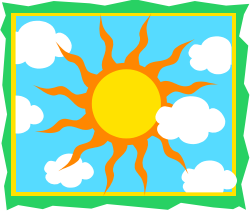
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date



Eagle Adventist Christian Center, 518. W. State St., Eagle, ID 83616  
Parent/Guardian Permission to Apply Sunscreen to Child

Name of Child \_\_\_\_\_

As a parent, I recognize that the sun may pose a risk to my child for sunburn. Therefore, I give permission for the staff of Eagle Adventist Christian Center to apply a sunscreen approved for use on children (name of product) \_\_\_\_\_ to my child under the following conditions:

1. When playing outside
2. During field trips where a child is exposed to sun.
3. Always used according to directions on the label.
4. Applied only to exposed skin.
5. Not applied near eyes, mouth or hands.

Use of sunscreen may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider. It is best if you use this or a similar product on your child once to twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child.

\_\_\_ Staff may use the program's sunscreen indicated above according to the directions on the product label.

\_\_\_ I do not know of any allergies my child has to children's sunscreen.

\_\_\_ My child is allergic to some sunscreens. Please use only the following brand(s) / type(s) of sunscreen: \_\_\_\_\_, according to the directions on the label.

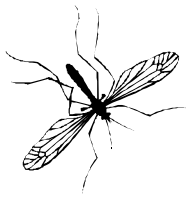
\_\_\_ I have provided the following brand/ty[e of sunscreen for use on my child.  
\_\_\_\_\_

\_\_\_ For medical or personal reasons, please DO NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_

\_\_\_ **Please do not apply sunscreen to my child.**

Parent/guardian's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_



Eagle Adventist Christian Center, 538 W. State St., Eagle, ID 83616  
Parent/Guardian Permission to Apply Insect Repellant to Child

Name of Child \_\_\_\_\_

As a parent, I recognize that mosquitoes may pose a risk to my child for West Nile Virus. **West Nile virus is spread by infected mosquitoes, and can cause serious, life-altering and even fatal disease.** Therefore, I give permission for the staff of Eagle Adventist Christian Center to apply only repellants containing DEET and only once a day to my child under the following conditions:

1. When playing outside
2. During field trips where a child is exposed to insects.
3. Always used according to directions on the label.
4. Applied only to exposed skin.
5. Not applied near eyes, mouth or hands.

- When using repellent on a child, apply it to your own hands and then rub them on your child. Avoid children's eyes and mouth and use it sparingly around their ears.
- Do not apply repellent to children's hands. (Children may tend to put their hands in their mouths.)
- Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
- Keep repellents out of reach of children.
- Do not apply repellent under clothing. If repellent is applied to clothing, wash treated clothing before wearing again. (May vary by product, check label for specific instructions.)

Use of mosquito repellent may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider. It is best if you use this or a similar product on your child once or twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the childcare program's choice in brand/type and use of sunscreen for my child.

\_\_\_ Staff may use the program's mosquito repellent indicated above according to the directions on the product label.

\_\_\_ I do not know of any allergies my child has to children's mosquito repellent.

\_\_\_ My child is allergic to some mosquito repellent. Please use only the following brand(s) / type(s) of mosquito repellent: \_\_\_\_\_, according to the directions on the label.

\_\_\_ I have provided the following brand/type of mosquito repellent for use on my child.

\_\_\_ For medical or personal reasons, please DO NOT apply mosquito repellent to the following areas of my child's body:

\_\_\_ **Please do not apply mosquito repellent to my child.**

Parent/guardian's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_