



New Student Admissions Questionnaire

Student Name: _____ Date of Birth: _____

Previous Schools Information:

The Admissions office may contact your student's current and/or previous school(s) if further information is needed.

Name of Most Recent School Attended: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Attended From Date: _____ To Date: _____

Has the applicant ever been subject to any serious disciplinary action, suspension, or expulsion from school? If so, please explain:

Does the applicant have any educational or social considerations (including emotional or behavior symptoms/diagnosis) which the school should know about, or is the applicant receiving, or has previously received, curriculum accommodations or modifications (including any IEP, speech therapy), so that Maranatha Christian can determine whether it can reasonably and successfully support the student in the educational process?

Parent Name (Print): _____

Parent Signature: _____ Date: _____



Sunscreen Utilization Permission Form

Student Name: _____

As the parent or guardian of the above child, I give permission for staff at **Maranatha Christian Preschool** to apply a sunscreen product of SPF 15 or higher to my child as specified below. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I understand that Sunscreen, if needed, will be applied in the afternoon only. I agree to apply sunscreen to my child in the morning before coming to school.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen.

_____ The Staff of Maranatha Christian Preschool **may use the sunscreen of their choice**, in keeping with applicable federal standards.

_____ The staff of Maranatha Christian Preschool has permission to **only apply a specific type of sunscreen that I will provide for my child**. The bottle is clearly labeled with his/her name. Please list type of sunscreen below:

_____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

_____ The Staff of Maranatha Christian Preschool **may not** put any sunscreen on my child.

Parent/Guardian full name (print): _____

Parent/Guardian Signature: _____ Date: _____

Earthquake/ Disaster Form

Dear Parents,

We are requesting every parent to bring in items for their preschooler for Earthquake Preparedness. Our plan includes a specific course of action to be taken in case of disaster. Each teacher is completely familiar with this plan so she will be prepared to carry out her responsibilities in any emergency. On "Meet the Teacher" day please bring in the following food items and family information card (filled out form below) packaged in a gallon sized Ziploc bag with your child's name on it.

Emergency Food Items	
1 Pop open can of a "dinner" type food with a long shelf life	
1 Bottle of Water	
1 or 2 Granola Bars	
1 Pop open can of fruit with a long shelf life	
1 Plastic Spoon	
Family Picture and uplifting note for your child to have	
Family Information Card	
Student Name: _____	Home Phone: _____
Parents Name: _____	Cell Phone: _____
Parents Name: _____	Cell Phone: _____
Work Phone Numbers: _____	
Home Address: _____	
Physician's Name: _____	Phone: _____
Allergies/Medications: _____	
Other Medial Conditions: _____	
Where are siblings while child is here at preschool? _____	
Emergency Pick Up Person: _____	
Relationship to Child: _____	Phone: _____
Emergency Pick Up Person: _____	
Relationship to Child: _____	Phone: _____

Parent Signature: _____ Date: _____