

To apply for Camp Kindergarten, complete the application form below and bring it with documents listed to the Ashland Head Start (1820 Hickman Street, Ashland, KY 41101) or one of the elementary schools. **Applications are due Friday, April 27, 2018.**

Due to limited space, this application does not guarantee enrollment.

CAMP KINDERGARTEN (CK) APPLICATION FORM

School of Choice _____ Today's Date ____/____/____
Child's Name _____ Birthdate ____/____/____ Female _____ Male _____
Parent or Guardian's Name _____ Phone (C) _____ Phone (H) _____
Address _____ Phone (W) _____
(street address) (city) (zip code)

My child will use transportation provided by the school district:

- To CK _____ Initial Pick up address: _____
 From CK _____ Initial Drop off address: _____
 Never. I will provide transportation for my child to and from CK. _____ Initial

List two people who are allowed to pick-up your child from Camp Kindergarten.

1. _____ Phone# _____
2. _____ Phone# _____

In case of an emergency, list two people school officials can contact if unable to reach parent/guardian.

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

Has your child attended Pre-School or Head Start? Yes No Where? _____

Has your child been identified with special needs? Yes No Allergy information _____

List any medical/physical/dietary concerns. _____

What is the primary language(s) spoken in your home? _____

I give permission for my child to be photographed or videotaped for any purpose such as educational, training, etc.

Yes No _____ Initial

My child has permission to attend any field trip during Camp Kindergarten.

Yes No _____ Initial

Your child may be exited from the program if his/her behavior or needs interfere with his/her meaningful participation or threaten his/her welfare or the welfare of others. _____ Initial

In the event of illness or accident to a child of mine while attending school which, in the judgment of the principal of the school, or his/her authorized designee, would seem to require medical attention, **I hereby authorize the principal or designee** to secure medical services for my child, at my expense, including doctor, hospital, and ambulance services, if I cannot be reached promptly by phone, or, if in the judgment of the principal of the school, medical help is immediately required without time to reach me. _____ Initial

Parent/Guardian Signature _____ Date _____

**ORIGINAL BIRTH CERTIFICATE AND IMMUNIZATION RECORDS ARE REQUIRED, UNLESS THEY ARE ON FILE. **				
<i>Office Use Only</i>				
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	Will Attend: CRES <input type="checkbox"/>	CES <input type="checkbox"/>	HES <input type="checkbox"/> OES <input type="checkbox"/> PES <input type="checkbox"/>

