

## Thank you for your interest in enrolling at Ascension Lutheran Preschool for the 2026-2027 school year!

To enroll your child and reserve a spot in next year's class, we need you to complete the attached enrollment form (white page) with your current information and pay the \$50.00 enrollment fee. The enrollment fee is what holds your spot until the fall.

The health forms and the Authorization for Emergency Medical Care form need to be returned as soon as possible. Your child won't be able to attend school in the fall until they are on file. Make sure that you sign the front and back of the general health form and have your doctor fill out the medical form. We have included a document that lists the vaccinations required by the state of Kansas, so we hope this helps as you fill out the immunization portion of the health form. If your child does not have the appropriate number of each shot, please take them to the doctor and get these shots before you return your form.

Our Get Acquainted Day will be Wednesday, Sept. 9 or Thursday, Sept. 10, depending which class your child is enrolled in. I will be emailing out a school calendar once all our dates are set sometime early summer. We can't wait to have your child in class next year. Thanks!

Ascension Preschool  
@Ascension-Preschool



**venmo**

**ENROLLMENT FORM**  
**ASCENSION LUTHERAN PRE-SCHOOL**

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name to be used at school \_\_\_\_\_ Sex – M ☐ F ☐

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Who will be transporting him/her to and from preschool? \_\_\_\_\_

**TO HELP US UNDERSTAND YOUR CHILD**

Names and ages of other children in the family \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Does your child have any special health problems (asthma, food allergies, etc.)? Explain:

\_\_\_\_\_

Is your child left or right-handed? \_\_\_\_\_

Church membership or religious preference: \_\_\_\_\_

How did you hear about Ascension Preschool: (please check one)

My other children attended here ☐ Friend Referral ☐ Saw on social media ☐ Other ☐

Additional information you consider important: \_\_\_\_\_

Desired Session: (check one)

☐ Mon-Wed Preschool (Mon and Wed mornings 9:00-11:15 am)

☐ Tues-Thurs Preschool (Tues and Thurs mornings 9:00-11:15 am)

☐ Mon-Wed-Fri Pre-K (Mon and Wed afternoons 1:00-3:15 pm and Fri mornings 9:00-11:15am)

☐ Tues-Thurs-Fri Pre-K (Tues, Thurs, and Fri afternoons 1:00-3:15pm)

## Medical Record Medical History

In accordance with K.A.R. 28-4-117, a completed medical record shall be on file for all children in care under 10 years of age and all children living in the home under 16 years of age. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment.

The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care <u>September 1, 2026</u>	Name of Child Care Facility <u>Ascension Lutheran Preschool</u>
Child's Name _____ First Last	Date of Birth _____ Gender _____ MM/DD/YYYY M/F
<b>Parent/Guardian Information</b>	<b>Parent/Guardian Information</b>
Name _____	Name _____
Home Address _____ Street City Zip Code	Home Address _____ Street City Zip Code
Home/Cell Phone Number _____	Home/Cell Phone Number _____
Work Phone Number _____	Work Phone Number _____
E-mail Address _____	E-mail Address _____
Best way to contact _____	Best way to contact _____

**Persons authorized to pick up the child or to notify in case of emergency (other than the parents):**

Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Any known allergies or medical conditions of child: \_\_\_\_\_

Any major changes at home that might affect your child in care: \_\_\_\_\_

Please provide additional information or special instructions that will help the person caring for your child:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

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Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

# Immunization Requirements for the 2025 - 2026 School Year

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or a childcare program operated by a school. Below are the requirements for the indicated school year. Please carefully review the requirements. The usual number of doses required are listed; however there are exceptional circumstances that could alter the number of doses a child needs. If you have questions about your child's immunization status, contact your child's primary care provider or local health department.

**Proof of receiving the required immunizations must be provided to the school prior to the student attending the first day of school.**



## Early Childhood Program Operated by a School Ages 4 Years and Under

Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses
IPV (polio)	3 doses
MMR (measles, mumps, rubella)	1 dose
Varicella (chickenpox)	1 dose*
Hepatitis A	2 doses
Hepatitis B	3 doses
Hib (haemophilus influenza type B)	3-4 doses**
PCV (pneumococcal conjugate)	4 doses**

## KDG - Grade 6

Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses***
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis A	2 doses
Hepatitis B	3 doses

## Grade 7 - 10

Vaccine	Requirement
Tdap (tetanus, diphtheria, pertussis)	1 dose~
IPV (polio)	4 doses***
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis A	2 doses
Hepatitis B	3 doses
Meningococcal (MenACWY)	1 dose

## Grades 11 & 12

Vaccine	Requirement
Tdap (tetanus, diphtheria, pertussis)	1 dose~
IPV (polio)	4 doses***
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis A	2 doses
Hepatitis B	3 doses
Meningococcal (MenACWY)	1-2 doses <i>See below:</i>

### Meningococcal (MenACWY) Vaccine:

Two doses are required for 11th and 12th grade students.  
The 1st dose is due at entry to 7th grade at 11-12 years of age.  
The 2nd dose is due at entry to 11th grade at 16-18 years of age.  
Any 11th graders who are not yet 16 years old, should wait until their 16th birthday to receive the dose. *Those 16-18 year olds with no previous MenACWY vaccine, only one dose required.*

## Notes

\* Varicella (chickenpox) vaccine is not required if child has had disease **and** disease is documented by physician signature. Without a physician signature, vaccine is still required even if you believe your child has had chickenpox disease.

\*\* Total doses needed depend on vaccine type and child's age when doses were administered.

\*\*\* Three doses are acceptable if the 3rd dose was given after 4 years of age, and there are at least 6 months between the second and third doses.

~ All students in grades 7-12 must have one dose of Tdap regardless of the interval since the last dose of DTaP or Td.

## Additional ACIP RECOMMENDED Vaccines Not Required for School Entry

### HPV (Human Papillomavirus) Vaccine:

2 doses recommended at age 11 years *See below:*  
2 doses needed if series is started at 11-14 years  
3 doses needed if series is started at 15 years or older

### Influenza (Flu) Vaccine and COVID-19 Vaccine:

Annual vaccine recommended for everyone 6 months of age and older

## Medical Record: Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved to perform health assessments, a licensed physician, or physician's assistant (PA). The health assessment shall be conducted not more than 12 months before and no later than 60 calendar days after enrollment at the child care facility.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Family Child Care Homes, Child Care Centers, and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM _____ %ILE	Weight: _____ LB/KG _____ %ILE
Physical Examination	✓ If Normal If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat	
Teeth	
Cardio/Respiratory	
Abdomen/GI	
Genitalia/Breasts	
Extremities/Joints/Back/Chest	
Skin/Lymph Nodes	
Neurologic & Developmental	
Screening Tests	Screening Date Note Here if Results are Pending or Abnormal
Lead	
Anemia (HGB/HCT)	
Urinalysis (UA)	
Hearing	
Vision	
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional pages if necessary) <input type="checkbox"/> None	
Signature of Licensed Physician or Nurse approved for Child Health Assessment	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City Zip Code

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premises from the facility.