

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



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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 CHILDNames 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: Mon-Wed Preschool (Mon and Wed mornings 9:00-11:15 am)
 (check one) 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)

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

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	



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
Ascension Lutheran Preschool	000717-001

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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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 premised from the facility.