

RETURN FORMS BY AUGUST 1st TO KIDSLINK OFFICE!



NEW STUDENT ENROLLMENT PACKET

kidslink
CHRISTIAN PRESCHOOL
Pathway Church
2001 N. Maize Rd
Wichita, KS 67212
(316)722-1034
www.kidslinkpreschool.com

Returning Kidslink students do not need to complete as last year's forms are sufficient (including physical.)



Kidslink is a state licensed center. These forms become a very important part of your child's file and are required by the state. Please take your time and complete each line in detail. Thanks in advance and please call us if you have any questions!
- Rhonda Cleveland, Director

Form # 1a/1b: Medical Record and Immunizations KDHE requires each line to be filled out. The word "same" can't be used on any line.

All children must have:

- 4 DTap (Diphtheria, Tetanus, Pertussis)
- 4 PCV 7 or PCV13 (Pneumococcal)
- 3 - 4 HIB (Haemophilus influenzae type b)
- 3 IPV or OPV (Polio)
- 3 HEP-B (Hepatitis B)
- 2 HEP-A (Hepatitis A)
- 1 Varicella (Chicken Pox)
- 1 MMR (Measles, Mumps, Rubella)



We prefer an immunization printout from your medical clinic. However, you will still need to fill in your child's name and birth date on the top and sign/date at the bottom of Form # 1b.

Form # 2: Health Assessment You must also have a doctor's signature. If a nurse/physician's assistant signs the physical, a doctor's stamp is also required. The state of Kansas licensing agency will not accept a physical by a chiropractic doctor.

Form # 3: Authorization for Emergency Medical Care Your signature requires a witness. Notarization is optional. **IMPORTANT:** Make sure you sign and then the witness immediately signs. You must have the same signature dates. We encourage you to use a spouse, neighbor, or close relative for a witness.

Form # 4a/4b: Getting to Know Your Child gives us helpful insight about your child's interests and responses to situations.



Form # 5: Pathway Church Liability Release Form

Permanent Permission/Emergency Info Form (RED 1/2 SHEET FORM) allows us to have authorization to release children to those you designate. We will always release to Mom and Dad, so you don't need to include yourself on this list. The opposite side of the form lists contact information for emergencies.*This form is not included in the electronic packet. You can complete it at the beginning of the school year.





1a

**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility. **KDHE requires each line to be filled out. The word "same" can't be used on any line.**

Child's First Day in Child Care 09/01/2024

Name of Child Care Facility Kidslink Preschool

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell 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 _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No

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: _____

History of Immunizations

1b

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

See attached immunization record. You still need to fill out highlighted fields even if record is attached.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

DTaP/DT Tdap/TD Pertussis Only Polio MMR HepA HepB Hib
 PCV Varicella Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

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 Licensed Day Care Homes, Group Day 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. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

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 Abnormal - Comments	
	✓ If Normal		
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 sheets if necessary) <input type="checkbox"/> None	
Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
	Zip Code



Please **print** page "Authorization for Emergency Medical Care." It will need to be printed, signed and returned to Kidslink by August 1. You may drop this form off in the Kidslink office or scan & email to: kidslink@pathwaychurch.com

Please make sure that a Parent or Guardian **and** the Witness (can be spouse) sign and date the form on the **same date**.



Thank you!



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. Kidslink Christian Preschool	License # 0007467-019
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I authorize Kidslink Staff (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child youth _____ (child's first and last name) while child or youth is in the facility's custody between 09/01/2024 and 05/30/2025
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

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
--	--------------------

Must sign on same day

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
---	--------------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person
(Seal, if any.)
_____ Signature of notarial officer
_____ Title (and Rank)
My appointment expires: _____

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 transported by the facility.



Getting To Know Your Child

Student _____
(First Name) (Middle name) (Last name)

Name by which child is most often called: _____

Sex: Male Female Date of birth: _____

Does child live with:

- Both parents
- Father only
- Mother only
- Shared custody
- Blended step-family
- Other: _____



If applicable, briefly state any custody concerns that you have:

(Legal documentation is required for your child's file for Kidslink not to release a child to a biological parent)

Father's Name: _____

Mother's Name: _____

Father's Employer: _____

Mother's Employer: _____

Father's Occupation: _____

Mother's Occupation: _____

Other children in family:

Name:	Age:	Sex:	Grade in school:
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Child care provider's name: _____ Phone: _____

Does child attend church: Yes No Name of Church: _____

Any preschool / daycare experience: Yes No Where: _____

Does your child have any nervous habits? (thumb sucking, temper tantrums, etc.) Yes No
If yes, what are they and what brings them on?

What type of discipline is used in the home?

How old are the children he/she plays with most? _____

In your child's play is he/she:

- Aggressive
- Loud/active
- Hostile
- Shy
- Quiet/slow to warm up
- Cooperative/sharing
- Other _____





Does your child have the tendency to hide or run away? Yes No
If yes, please tell us under what circumstances this might occur.

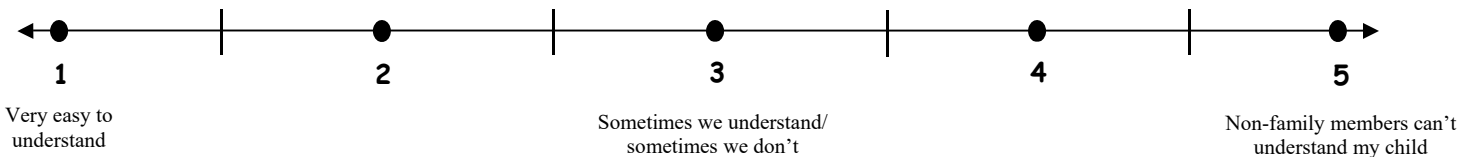
What are your child's interests? _____

What are your child's favorite play things? _____

How would you describe your child's language ability? _____

Do you anticipate teachers having difficulty understanding your child's speech? Yes No

Using scale below, please rate your child's speech: _____



Has your child ever been evaluated for speech? Yes No

Has your child participated in speech or other special services? Yes No
If yes, please describe: _____



If English is **not** your primary language, what is the language you use most frequently at home?

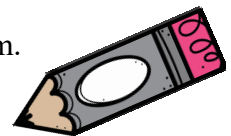
If English is **not** your primary language, comment on your child's ability to understand/use English.

What pets does he/she have? _____

Does your child experience separation anxiety? Yes No

Are there any other special things about your child you think we should know?

By clicking this box and typing my name below, I am electronically signing this form.



Parent / Guardian Signature

Date



WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the following activity: Kidslink Preschool(the “Activity) and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Pathway Church located at 2001 North Maize Road, Wichita, Kansas 67212, and its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF PATHWAY CHURCH, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, NOW KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Pathway Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf, INCLUDING FOR CLAIMS OF DAMAGE ARISING SOLELY OUT OF THE NEGLIGENCE OF PATHWAY CHURCH. If Pathway Church incurs any of these types of expenses, I agree to reimburse Pathway Church.

I acknowledge that Pathway Church and their directors, officers, employees, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Pathway Church.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON’S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or procedures of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE PATHWAY CHURCH AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, INCLUDING CLAIMS ARISING OUT OF THEIR OWN NEGLIGENCE AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST PATHWAY CHURCH FOR PERONAL INJURY OR PROPERTY DAMAGE.

WAIVER AND RELEASE OF LIABILITY

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Pathway Church and its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I also give permission to use my name, likeness, image, voice, and/or appearance as such as may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Pathway Church. I agree that Pathway Church has complete ownership of such pictures, photos, video recordings, audiotapes, digital images, and the like, including the entire copyright, and may use them for any purpose consistent with the programs and activities of Pathway Church. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, photos, video recordings, audiotapes, digital images, and the like, and hereby release Pathway Church and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

This Agreement was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the participant and Pathway Church, agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing the agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

By checking this box and typing my name below, I am electronically signing this form.

Parent / Guardian Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____

