

First Emergency Contact Person (other than parents): Name: Address:	Relationship to Student: Phone Number:
Second Emergency Contact Person(other than parents): Name: Address:	Relationship to Student: Phone Number:
Persons Authorized to Pick Up Student (i.e. Carpool) Name Address	Relationship to Student Phone Number
Persons Authorized to Pick Up Student (i.e. Carpool) Name Address	Relationship to Student Phone Number
Student's Primary Doctor:	Phone Number:
1. Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES___NO___ If yes, please explain: 	
2. Any health concerns (allergies, asthma, diabetes, etc.)? YES___NO___ If yes, please explain: 	
3. Is the student taking any prescription or non-prescription medication? YES___NO___ If yes, please list: 	

Level in which the student will be enrolled (check one): <input type="checkbox"/> Childcare for 6 weeks - <1 year <input type="checkbox"/> Childcare for 1 year - <2 years <input type="checkbox"/> Childcare for 2 years - <3 years <input type="checkbox"/> Childcare for 3 years - <4 years <input type="checkbox"/> Childcare for 4 years - <5 years		Days and times of attendance: <input type="checkbox"/> Monday _____ to _____ <input type="checkbox"/> Tuesday _____ to _____ <input type="checkbox"/> Wednesday _____ to _____ <input type="checkbox"/> Thursday _____ to _____ <input type="checkbox"/> Friday _____ to _____	
*Note: Students must turn 5 years old by October 1 to be admitted to kindergarten.			
Name of Previous Childcare Center Attended (if any):		Dates Attended:	
Center Address: Street _____ City _____ State _____ Zip _____			
Phone Number:	Fax Number:	Last Day Attended:	

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line)

_____ I hereby authorize the staff representing Nur Islamic School of Louisville to give consent for any and all necessary emergency medical and First Aid care for my child _____, while he/she is in custody of Nur Islamic School of Louisville. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGEMENT OF ACCURACY AND PERMISSION (Please initial by each line)

_____ I hereby attest all information in this application to be true and up to date. I understand that if this information is not found to be accurate, my child's place in Nur Islamic School of Louisville Early Childhood Center may be forfeited.

_____ I give permission for Nur Islamic School of Louisville Early Childhood Center to take pictures of my child (____YES ____NO) and to use those pictures as publicity and marketing for the school (____YES ____NO). I understand that my child's name will not be used with the pictures.

_____ I give Nur Islamic School of Louisville Early Childhood Center permission to take my child on walking fieldtrips and outings around the school and mosque property and vicinity. (A separate permission slip will be given out for each field trip involving travel to off premises sites.) (____YES ____NO)

Parent/Guardian Signature _____ Date _____

NISL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and financial aid programs, and other school administrated programs.

FOR OFFICE USE ONLY

- Date Application Received: _____
- Date Application Fee Paid: _____
- Birth Certificate
- Kentucky Immunization Certificate
- Social Security Card
- Physical Exam Form (KG/5th)
- Parent's Drivers License
- Withdrawal Date: _____