



NUR ISLAMIC SCHOOL OF LOUISVILLE

Growing and Nurturing the Hearts and Minds

6500 Six Mile Lane Louisville, KY 40218

502-459-9447 Office

888-232-4583 Fax

www.nurislamicsschool.org

EARLY CHILDHOOD CENTER APPLICATION FOR NEW ADMISSION/RE-ENROLLMENT

Only completed applications will be accepted. Submission of an application does not guarantee admission.

Enrollment Status: <input type="checkbox"/> Re-Enrolling Student <input type="checkbox"/> New Student		Date of Application:		
Student's Name: Last Middle First		Date of Birth:		
Social Security #:		Sex(Male/Female):		Age:
Place of Birth (City and State OR City and Country if outside US):			Home Phone:	
Home/Mailing Address: Street City State Zip				
Race/Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander				
Father's Name: First Last		Cell Phone:		Email Address:
Address (if different than above): Street City State Zip				
Employer's Name and Address:			Occupation:	
Mother's Name: First Last		Cell Phone:		Email Address:
Address (if different than above): Street City State Zip				
Employer's Name and Address:			Occupation:	
Days and Times of Attendance: Please Indicate Arrival and Pickup Time for Each Day of the Week				
Monday	Tuesday	Wednesday	Thursday	Friday
Name of Previous Childcare Center Attended (if any):			Dates Attended:	
Center Address: Street City State Zip				
Phone Number:		Fax Number:		Last Day Attended:



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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:
Preferred Hospital In Case of Emergency:	Address:
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:	

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 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 found to be inaccurate, 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 may or may 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 _____



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FOR OFFICE USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Date Application Received: _____ | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Date Application Fee Paid: _____ | <input type="checkbox"/> Health Record Form |
| <input type="checkbox"/> Enrollment Date: _____ | <input type="checkbox"/> Parent's Driver's License |
| <input type="checkbox"/> Withdrawal Date: _____ | <input type="checkbox"/> Official Doctor's Note for Known Allergies |
| <input type="checkbox"/> Kentucky Immunization Certificate | <input type="checkbox"/> CACFP Food Program Form |
| <input type="checkbox"/> Social Resume | <input type="checkbox"/> Handbook Agreement Page |
| <input type="checkbox"/> Birth Certificate | |

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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