

The Lab School  
APPLICATION FOR ADMISSION

514 E. Argonne Drive, Kirkwood, MO 63122

314-822-8282 [thelabschoolkirkwood@gmail.com](mailto:thelabschoolkirkwood@gmail.com) Enrollment for Fall 20\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ Preferred  
Name \_\_\_\_\_ Gender \_\_\_ DOB \_\_\_\_\_

ADDRESS (Street/  
City) \_\_\_\_\_ ZIP \_\_\_\_\_

HALF-DAY SCHOOL - 9:00 - 11:45  
meal

LUNCH BUNCH - includes catered  
11:45 - 1:45 (circle days you need)

T/TH MWF M thru F M thru F M thru F  
F  
3's 3's 3's young 4's older 4's & 5's

M T W TH

EARLY CARE - 7:00 A.M. - 9:00 A.M. (circle days you need)  
F

M T W TH

EXTENDED SCHOOL - 11:45 - 6:00 (circle days you need)  
F

M T W TH

PARENT'S NAME \_\_\_\_\_ Home  
Phone(\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

ADDRESS (Street, City, State, Zip  
Code) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOURS: From \_\_\_\_\_ to  
\_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ BUSINESS  
PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ Home  
Phone(\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

ADDRESS (Street, City, State, Zip  
Code) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOURS: From \_\_\_\_\_ to  
\_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ BUSINESS  
PHONE \_\_\_\_\_

BROTHERS/SISTERS (Names,  
Ages) \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY/MEDICAL CARE**

I understand I will be notified in case of accident/illness, and I will make arrangements for medical care. If I cannot be reached or, in a critical emergency requiring medical care, I hereby grant permission for the staff of The Lab School to take whatever steps may be necessary to obtain emergency medical care.

**OVER - IMPORTANT EMERGENCY INFORMATION TO COMPLETE**

Child's Name \_\_\_\_\_

**EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP MY CHILD:**

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Relationship to  
Child \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Relationship to  
Child \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Relationship to  
Child \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
# \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Relationship to  
Child \_\_\_\_\_

**CONTACTING PEDIATRICIAN/CLINIC** Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**HOSPITAL PREFERENCE** Name of  
Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS/SPECIAL MEDICATIONS/SPECIAL NEEDS,  
BEHAVIORS:**

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENTS** The provider and I have agreed:

- Our child has permission to go on walking field trips with The Lab School staff. I understand that I will be notified when such field trips are planned. I understand that there will be a minimum of two staff members on each trip.
- I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.
- The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.
- When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.
- I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.
- I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

**PARENT(S)/LEGAL GUARDIAN SIGNATURE** This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the school.

\_\_\_\_\_

Date\_\_\_\_\_

\_\_\_\_\_

Date\_\_\_\_\_

**OFFICE USE ONLY:**

Admission Date\_\_\_\_\_ Days of Week Enrolled\_\_\_\_\_

Hours: Enrolled from\_\_\_\_\_ to\_\_\_\_\_