



NEW STUDENT ENROLLMENT PACKET

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

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

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:

- | | |
|---|---|
| <input type="radio"/> 4 DTap (Diphtheria, Tetanus, Pertussis) | <input type="radio"/> 3 HEP-B (Hepatitis B) |
| <input type="radio"/> 4 PCV 7 or PCV13 (Pneumococcal) | <input type="radio"/> 2 HEP-A (Hepatitis A) |
| <input type="radio"/> 3 - 4 HIB (Haemophilus influenzae type b) | <input type="radio"/> 1 Varicella (Chicken Pox) |
| <input type="radio"/> 3 IPV or OPV (Polio) | <input type="radio"/> 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**

- ☐ **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** (ORANGE 1/2 SHEET FORM) allows us to have authorization to release children to those you designate. We will always release to the mother or father, so you do not 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.

RETURN FORMS BY AUGUST 1st TO KIDSLINK OFFICE

Email: kidslink@pathwaychurch.com

Fax: 316-722-4297



Jan 2025

Medical Record Medical History

1a

In accordance with K.A.R. 28-4-117, a completed medical record shall be on file for all children in care under 10 years of age and all children living in the home under 16 years of age. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment. **KDHE requires each line to be filled out. The word "same" can't be used.** The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Name _____

Home Address _____
Street City Zip Code

Home/Cell Phone Number _____

Work Phone Number _____

E-mail Address _____

Best way to contact _____

Parent/Guardian Information

Name _____

Home Address _____
Street City Zip Code

Home/Cell Phone Number _____

Work Phone Number _____

E-mail Address _____

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 _____

Hospital Preference (for emergencies) _____

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:** _____

Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____

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Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____

Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____

Medical Record:

1b

Medical History Cont. - Immunizations

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.

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

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

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.; not required						
Influenza (Flu)						
**Recommended annually >6 mo.; 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 ____Hep A ____Hep B ____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: _____

Medical Record: Child Health Assessment

2

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

3

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 # 0007467-020
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I authorize _____ (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 or youth _____ (child's first and last name) while
child or youth is in the facility's custody between 09/01/2025 and 05/30/2026.
MM/DD/YYYY 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
--	--------------------

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.



Getting To Know Your Child

4a

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 _____



Jan. 2025



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

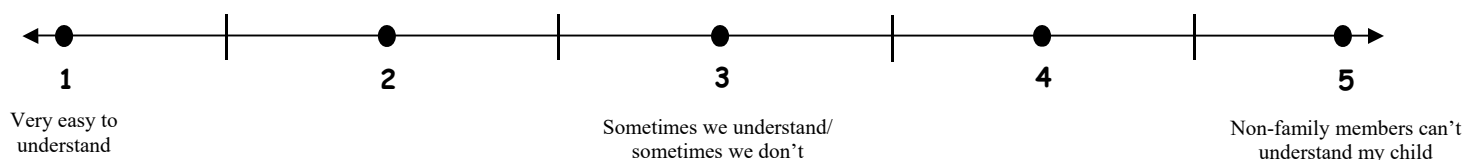
What are your child's interests?

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?

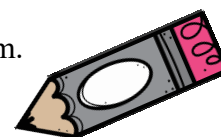
If English is **not** your primary language, comment on your child's ability to understand/use English.

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 PERSONAL 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: _____

