

OUR SAVIOR LUTHERAN PRESCHOOL ENROLLMENT FORM 2010-2011

Child's Full Name: _____ Name child is called: _____
Child's Birth Date: _____ Sex: ()Boy ()Girl
Address: _____ City _____ State _____ Zip _____

Mother's Information

Name: _____
Street Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____
E-mail Address: _____
Employer: _____ Job Title: _____
Employer's Address: _____
Work Phone:() _____ Hours of Employment: _____ to _____

Father's Information

Name: _____
Street Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____
E-mail Address: _____
Employer: _____ Job Title: _____
Employer's Address: _____
Work Phone:() _____ Hours of Employment: _____ to _____

*If divorced or separated, which parent has custody?()Mother ()Father ()Both
*Does the non-custodial parent have permission to pick the child up?()Yes ()No
*Please list the parent that is responsible for tuition: _____

Person(s) other than parent(s) authorized to take your child from the school

#1 Name: _____ Relationship to child: _____
Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____
#2 Name: _____ Relationship to child: _____
Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

(Please list additional names and numbers on separate paper if necessary)

Emergency Contact(s) other than parents or doctors (write SAME if already listed above)

#1 Name: _____ Relationship to child: _____
Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____
#2 Name: _____ Relationship to child: _____
Address: _____ City _____ State _____ Zip _____
Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

***Code Word for Enrollment ID card:** _____

(One or two words that the family or authorized persons know to pick your child up)

Authorization for Emergency Medical Care

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor/Clinic Name _____ Phone() _____
Preferred Hospital Name _____ Phone() _____

CHILD'S PERSONAL HISTORY

Names and Ages of Siblings

<u>Name:</u>	<u>Age:</u>	<u>Grade:</u>
<u>Name:</u>	<u>Age:</u>	<u>Grade:</u>
<u>Name:</u>	<u>Age:</u>	<u>Grade:</u>
<u>Name:</u>	<u>Age:</u>	<u>Grade:</u>

Besides immediate family, are there any other relatives or persons living with the child?
Name(s): Relationship to child:

Please list family pets and their names:

Has child been baptized? ()Yes ()No If yes, baptism date:
Name of church that family attends: City:

Handedness: ()Right ()Left ()Both ()Not Sure Comments:

Are there any medical problems we should be aware of?

Please list known allergies:
What action should be taken if there is an allergic reaction to this at school?

Please list any fears we should be aware of:

Please list any special eating instructions:

Please list any special toileting instructions:

What type of discipline is used at home?

Please list any other group experiences your child has had:

Please list some of your child's favorite activities:

Please list any additional information you would like for us to know that would help us better understand your child:

FAMILY AGREEMENT FORM

1. I agree to pay the non-refundable enrollment fee, due annually, to reserve a space in the class.
2. I am aware that current fire, health and safety inspections are available for my review.
3. I understand that my child will not be accepted for care if he/she is ill, and I will pick my child up promptly if he/she becomes ill at school.
4. I agree to pay the scheduled tuition that I have indicated below.
5. I understand that there will be a \$25 late fee for past due accounts.
6. I understand that I will be charged \$25 for any returned checks.
7. I understand that my child will not be accepted for care if tuition is one month past due.
8. I agree to pay the activity fee.
9. I understand the preschool hours are 8:30 am-11:30 am for part time and 7:00 am-6:00 pm for full time and will be respectful of these.
10. I have received and read my Parent Handbook and agree to abide by these policies and procedures.

Please Indicate the Class you want your child to be enrolled in:

*Full Time/Days Attending	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Drop-Off/Pick-Up Times	-	-	-	-	-

*Days enrolled may not be changed without approval from the preschool director.

Part Time/Days Attending:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Drop-Off/Pick-Up Times	8:30-11:30	8:30-11:30	8:30-11:30	8:30-11:30	8:30-11:30
Lunch Bunch *If 4 or more sign up			*11:30-3:00		

Tuition Schedule

Full Time: 2 days=\$75/week
 3 days=\$105/week
 4 days=\$130/week
 5 days=\$150/week

Part Time in Extended Day Class \$15 per day
 Part Time: 2x week=\$120/month (must be 3 by July 31)
 3x week=\$160/month (must be 4 by July 31)

Lunch Bunch: \$15 per day

Parent Signature _____ Date _____

CONSENT FORM

Child's Name _____ School Year _____

Field Trips

I ()DO ()DO NOT

give my consent for my child to take part in field trips or excursions with this child care facility under proper supervision. I understand that the children will be transported with personal family vehicles. Drivers must be at least 18 years of age, have a valid driver's license, car license and proof of insurance. Children will be properly restrained in the back seat with a booster seat provided by each parent, in accordance with state law. You will receive a **Field Trip Notice** and a **Field Trip Information Form** prior to each trip. The Field Trip Information Form must be signed and returned to school before each trip.

School Directory

I ()DO ()DO NOT

give my consent for the preschool to publish by name, my child's name, address, home phone number and e-mail address in the school directory which will be made available to families of children enrolled in the preschool.

Photography

I ()DO ()DO NOT

give my consent for pictures and videos to be taken of my child while in the classroom and on field trips.

Please check the following that these photographs and videos *may* be used for:

()Bulletin Boards ()Preschool Newsletter ()Art Projects

()End of the Year CD/DVD* ()Our Savior Lutheran Website* ()Preschool Brochure*

*There will not be any personal identification of any student by name

My signature affirms that I have given and/or denied my permission for the above items.

Parent Signature(s) _____ Date _____

School Use Only

Admission Date _____ Discharge Date _____

Classroom Assignment FT2 ½ to 3 FT4 PT3 PT4 LB

Form to be retained for one year after discharge.