

**Faith Lutheran Learning Center
K-5 Enrollment Application**

Child's Full Name _____

Child's Preferred Name _____ Gender _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Family Information

Guardian 1 Name _____ Date of Birth _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Guardian 2 Name _____ Date of Birth _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Relationship Status of Parents _____

Custody- Visiting Arrangements _____

If child is adopted, list age at adoption _____

Is child aware of adoption? _____

List siblings and their ages _____

Are there other members of the household? If so, list name, age and relationship.

Is any language other than English spoken in the home? _____ If so, please explain.

Medical Information

Child's Doctor _____

Clinic _____

Address _____

Phone _____

Does your child have any health problems that you are aware of? _____

Do you have any concerns about an aspect of your child's development? _____

Does your child have any food allergies? _____

If so, please explain _____

Does your child have any seasonal allergies? _____

If so, please explain _____

Are there any food or drinks that your child should not have? _____

Does your child take any regular medications? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

Does your child have a current immunization certificate? _____

If not, please explain _____

Kentucky State Regulations require all children in child care programs have on file a current copy of each child's Commonwealth of Kentucky Immunizations Certificate. Please attach a copy of your child's current immunization certificate. Attached is a copy of the correct immunization certificate form required by Kentucky State Regulations. **Please be sure that the expiration date is on the certificate.**

Faith Lutheran Learning Center & Faith Lutheran Church Photo/Website Permissions

Photo Permission

___ I GIVE Faith Lutheran Learning Center permission to take pictures of my child to be used in the classroom and for educational purposes.

___ I DO NOT GIVE Faith Lutheran Learning Center permission to take pictures of my child to be used in the classroom and for educational purposes.

Child's Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

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Website Permission

___ I GIVE Faith Lutheran Learning Center and Faith Lutheran Church permission to post my child's picture on the church website and the FLLC facebook page.

___ I DO NOT GIVE Faith Lutheran Learning Center and Faith Lutheran Church permission to post my child's picture on the church website or the FLLC facebook page.

Child's Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Faith Lutheran Learning Center Outdoor Permissions

Child's Name: _____

PERMISSION TO USE THE PARKING LOT FOR PLAY

_____ I give permission for my child to use the **fenced** parking lot for outside play time.

_____ I DO NOT give permission for my child to use the **fenced** parking lot for outside play time.

PERMISSION FOR ADMINISTRATION OF SUNSCREEN

_____ I give permission for my child to use **any sunscreen**. I only allow the following kind and will provide it:

_____ I DO NOT give permission for my child to use sunscreen during.

PERMISSION FOR ADMINISTRATION OF BUG SPRAY

_____ I give permission for my child to use **any bug spray**. I only allow the following kind and will provide it:

_____ I DO NOT give permission for my child to use bug spray.

Guardian Name: _____

Guardian Signature: _____

Date: _____

Faith Lutheran Learning Center Medical Emergency Release

In the event of an emergency if the Director or an employee of Faith Lutheran Learning Center determines that my child is in need of emergency medical treatment while in the care and supervision of FLLC; I hereby authorize the child's physician or any qualified physician selected by FLLC to diagnose, prescribe drugs, administer blood, operate, or perform whatever medical services are deemed necessary to preserve the life, health, and well-being of _____ in the event that I cannot be reached.

(Child's Name)

I further agree to compensate Faith Lutheran Learning Center for any expenses over and above the center's insurance coverage resulting from said medical care, hospitalization, and services performed by physicians.

Guardian Signature: _____

Date: _____

Insurance: _____

Policy Number: _____

Policy Holder's Name: _____

Faith Lutheran Learning Center Emergency Contact Information

Child's Name: _____ Child's Birth Date: _____

Guardian Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

Address: _____

Primary Email Address: _____

Secondary Email Address (if you desire to receive mail at both):

Guardian Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

Address: _____

Primary Email Address: _____

Secondary Email Address (if you desire to receive mail at both):

The following people are allowed to pick up my child from school and may be contacted in case of an emergency:

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only those on the pick-up list will be allowed to take your child from the facility and will be asked to show a photo ID upon their first visit to the school!!

* Preferred Hospital Name & Address (Required by Licensing, "Closest")



K-5 Field Trip Permission Form

Child's Name: _____

Guardian's Name Printed: _____

These are all the possible places we will go on walking field trips throughout the school year and summer. Please write your child's name, print your name, initial next to each option of your choice, and sign at the bottom of this page. This may be scanned and emailed, faxed, or placed in Ms. Charla/Ms. Lindsay's mailbox.

I GIVE permission for my child to walk with his/her teachers to and from the following:

_____ Around the Block

_____ Ashland Park & Estate

_____ Cassidy Elementary/Playground

_____ Ecton Park

_____ Graeter's (Chevy Chase)

_____ Orange Leaf (Romany Rd)

_____ Puccini's (Chevy Chase)

_____ UK Art Museum

_____ Woodland Park

_____ Woodland Pool

I DO NOT GIVE permission for my child to walk with his/her teachers to and from the following:

_____ Around the Block

_____ Ashland Park & Estate

_____ Cassidy Elementary/Playground

_____ Ecton Park

_____ Graeter's (Chevy Chase)

_____ Orange Leaf (Romany Rd)

_____ Puccini's (Chevy Chase)

_____ UK Art Museum

_____ Woodland Park

_____ Woodland Pool

Guardian's Signature: _____

Date: _____

Faith Lutheran Learning Center Payment Options

At FLLC we offer three payment options:

1. Weekly or monthly auto draft payments

- Weekly payments deducted by the director every Friday (complete attached EFT authorization form for payment by debit card, credit card, checking, or savings account).
- Monthly payments deducted by the director on the 2nd Friday of every month (complete attached EFT authorization form for payment by debit card, credit card, checking, or savings account).
- A \$10 fee is assessed for any declined/returned payments.

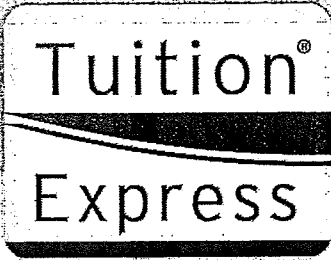
2. Online payments made at your convenience

- Complete attached credit card authorization form for online access to make payments at any time.
- The director will then send you a link to register.
- You may make payments using your debit or credit card, which you will input once you have set up your tuition express account.
- If you would like to make online payments using your checking or savings account you will also need to complete Section B of the EFT authorization form so the director can input that information prior to setting up your online account.
- A \$10 fee is assessed for any declined/returned payments.

3. Weekly or monthly payments by check or money order

- There is a tuition box next to Ms. Charla's office.
- Cash is NOT accepted for tuition payments.
- Weekly payments are due by Friday at 6 PM or a \$10 late fee will be assessed.
- Monthly payments are due by the 2nd Friday of the month at 6 PM or a \$10 late fee will be assessed.
- If a check is returned there is a \$30 fee.

Please feel free to contact Charla with any questions, 859-268-0108 or childcare@faithlutheranchurch.com.



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) FLLC to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY Visa @ Mastercard

— weekly or
— monthly

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample _____ BANK OF THE WEST _____ 00226
 Mary Sample _____ 555-555-5555
 123 Nice Street
 Anytown, USA

Pay to the order of: Attach Voided Check Here \$ _____

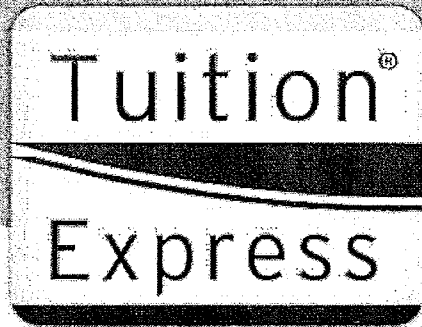
Deposit slips not accepted _____ Dollars

123456789 1800330 0226
 Routing Number Account Number Check Number

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Automated Payment Processing
Safe – Convenient – Easy

Online Payments

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can make tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of Faith Lutheran Learning Center (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____

Cardholder Signature _____ Date _____

Website Registration Code: 1234 (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits