

# Faith Lutheran Learning Center

## K-5 Enrollment Forms

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

Child's Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Address (list more if applicable) \_\_\_\_\_

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 applicable) \_\_\_\_\_

If child is adopted, list age at adoption \_\_\_\_\_

Is child aware of adoption? \_\_\_\_\_

List any sibling(s) and their age(s) \_\_\_\_\_

Are there others living in the household? If so, list name, age, and relationship.  
\_\_\_\_\_

Are there any languages other than English spoken in the home? \_\_\_\_\_ If so, please list.  
\_\_\_\_\_

Are there any topics you'd like to see incorporated into the curriculum?  
\_\_\_\_\_

Are there any special interests or talents you'd like to share with the children? \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in being a guest reader or helper in the classroom? \_\_\_\_\_

Would you like to help prepare materials from home? \_\_\_\_\_

What is the best way to reach you during the day? When receiving information from teachers and the school, do you prefer text, email, paper copies, or phone communication?

\_\_\_\_\_

What is your availability during the day? \_\_\_\_\_

### **Child Information**

What time does your child go to bed? \_\_\_\_\_ Wake-up? \_\_\_\_\_

Does your child have any particular fears/anxieties? \_\_\_\_\_

Does your child have any problems with vision or hearing? If so, please explain.

\_\_\_\_\_

What are your child's interests (games/activities)? \_\_\_\_\_

\_\_\_\_\_

What foods does your child like? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

How much screen time (TV, Computer, Tablet, etc.) does your child generally have per day? \_\_\_\_\_

What are your child's strengths (academic and social/emotional)? \_\_\_\_\_

\_\_\_\_\_

**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?

\_\_\_\_\_

List illnesses your child has had \_\_\_\_\_

Does your child have frequent colds? \_\_\_ Earaches? \_\_\_ Sore Throats? \_\_\_ Stomachaches? \_\_\_ Fevers? \_\_\_

Has your child had any serious accidents or operations? If so, please explain

\_\_\_\_\_

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 foods 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?

\_\_\_\_\_

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

# 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: \_\_\_\_\_

Preferred Hospital (Name & Address) required by licensing, and "closest" is NOT a sufficient answer:

\_\_\_\_\_

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

## Classroom 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 Photo/Video Permission

\_\_\_ I **GIVE** Faith Lutheran Learning Center and Faith Lutheran Church permission to post pictures or videos of my child on the **church website, the FLLC and church Facebook pages, and the FLLC Instagram account.**

\_\_\_ I **DO NOT GIVE** Faith Lutheran Learning Center and Faith Lutheran Church permission to post pictures or videos of my child on the **church website, the FLLC and church Facebook pages, and the FLLC Instagram account.**

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 area of the parking lot for activities.

\_\_\_\_\_ I DO NOT give permission for my child to use the fenced area of the parking lot for activities.

## Permission to walk around the block

\_\_\_\_\_ I GIVE permission for my child to walk with his/her teachers around the block.

\_\_\_\_\_ I DO NOT give permission for my child to walk with his/her teachers around the block.

## Permission to walk to and play on Cassidy's playground (Pre-K & K-5 classes only)

\_\_\_\_\_ I GIVE permission for my child to walk to and play on Cassidy's playground.

\_\_\_\_\_ I DO NOT give permission for my child to walk to and play on Cassidy's playground.

## Permission to walk to Ashland Terrace and interact with the residents

\_\_\_\_\_ I GIVE permission for my child to walk to Ashland Terrace and to interact with the residents.

\_\_\_\_\_ I DO NOT give permission for my child to walk to Ashland Terrace and to interact with the residents.

## Permission for the administration of sunscreen

\_\_\_\_\_ I GIVE permission for my child to use any sunscreen SPF 50+ provided by the learning center.

\_\_\_\_\_ I GIVE permission for my child to use **ONLY** sunscreen provided by me, labeled with my child's name (not sunscreen used by the whole center).

\_\_\_\_\_ I DO NOT give permission for my child to use sunscreen while at school.

## Permission for administration of bug spray

\_\_\_\_\_ I GIVE permission for my child to use any bug spray provided by the learning center (Deet free).

\_\_\_\_\_ I GIVE permission for my child to use **ONLY** bug spray provided by me, labeled with my child's name (not bug spray used by the whole center).

\_\_\_\_\_ I DO NOT give permission for my child to use bug spray while at school.

Guardian's Printed Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Faith Lutheran Learning Center Contact Information

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

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

\_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

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

\_\_\_\_\_

**Preferred Hospital (Name & Address)** required by licensing, and "closest" is NOT a sufficient answer:

\_\_\_\_\_

The following people (in addition to the guardians listed above) 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! Please contact the director any time you want to make adjustments to this pick-up list. Thank you.