

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: _____

1000 Tates Creek Road
Lexington, KY 40502



Phone (859) 268-0108
Fax (859) 266-9600

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 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.)
