

# Faith Lutheran Learning Center Preschool 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 sibling(s) and their age(s) \_\_\_\_\_

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.  
\_\_\_\_\_

**Child Information**

Is your child toilet trained? \_\_\_\_\_ Describe any assistance needed \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When and how long? \_\_\_\_\_

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.

\_\_\_\_\_

**At what age did your child...**

Crawl on hands and knees \_\_\_\_\_ Sit alone \_\_\_\_\_ Walk \_\_\_\_\_

Name simple objects \_\_\_\_\_ Speak in complete sentences \_\_\_\_\_

Sleep through the night \_\_\_\_\_ Toilet Train \_\_\_\_\_

What are your child's likes (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? \_\_\_\_\_

**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?

\_\_\_\_\_

Do you feel your child's speech is clear? \_\_\_\_\_

Can strangers understand your child speak? \_\_\_\_\_

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 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. **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: \_\_\_\_\_

# 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 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 FOR ADMINISTRATION OF SUNSCREEN

\_\_\_\_\_ I give permission for my child to use any sunscreen. If you only allow a particular kind, please list here:

\_\_\_\_\_

\_\_\_\_\_ 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. If you allow only a particular kind, please list here:

\_\_\_\_\_

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

Guardian Name: \_\_\_\_\_

Guardian 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):  
\_\_\_\_\_

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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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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")  
\_\_\_\_\_

# 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 2<sup>nd</sup> 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

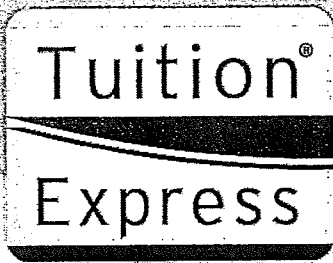
- Complete attached credit card authorization form for online access to make payments at any time.
- The director will then send you a link to register.
- You may make payments using your debit or credit card, which you will input once you have set up your tuition express account.
- If you would like 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 2<sup>nd</sup> 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](mailto: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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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**For Official Use Only**

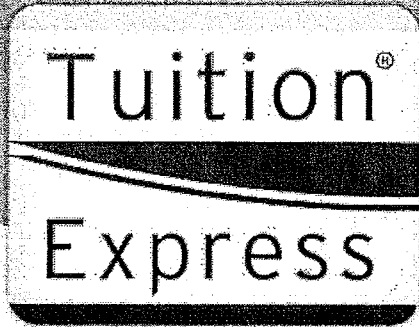
Date Received
Employee Signature

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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Online Payments

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can make payments with your credit card at [www.tuitionexpress.com](http://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](http://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](http://TuitionExpress.com))  
4 digits