

Faith Lutheran Learning Center

Preschool 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

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 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?

Do you feel your child's speech is clear? _____

Can strangers understand your child's speech? _____

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.