



Peace Lutheran Preschool Plus (Full Day) Enrollment Form

Check the days your child will attend.

Date of Application: _____ / _____ / _____

Are you also applying for half-day preschool?

Yes No

Monday	Tuesday	Wednesday	Thursday	Friday

Normal time of arrival _____ and
 departure _____ to begin on _____ / _____ / _____

Child's full name: _____

Child's nickname (name that you'd like him/her called at school): _____

Male Female Birthdate (Month/Day/Year): _____

Home address: _____
 Street, City, State, Zip

Are both parents living at home with this child? _____ If no, please explain: _____

Mother's name: _____ Home Phone: (_____) _____

Mother's email: _____ Cell Phone: (_____) _____

Address (if different from above): _____
 Street, City, State, Zip

Employer: _____ Hours of employment: from _____ to _____

Address: _____ Business Phone: (_____) _____
 Street, City, State, Zip

Father's name: _____ Home Phone: (_____) _____

Father's email: _____ Cell Phone: (_____) _____

Address (if different from above): _____
 Street, City, State, Zip

Employer: _____ Hours of employment: from _____ to _____

Address: _____ Business Phone: (_____) _____
 Street, City, State, Zip

EMERGENCY CONTACTS (OTHER THAN PARENT(S) OR DOCTOR)

Name: _____ Phone: (_____) _____

Address: _____ Relationship to child: _____
 Street, City, State, Zip

Name: _____ Phone: (_____) _____

Address: _____ Relationship to child: _____
 Street, City, State, Zip

PERSON(S) AUTHORIZED TO TAKE CHILD FROM CHILD CARE FACILITY:

Name: _____ Name: _____ Name: _____

Brothers and sisters (names and ages): _____

Family's church (name and location): _____

Child's date of baptism: _____

Is your child allergic to any foods? (If yes, please describe.) _____

Please list any important information we should know about your child that will help us understand him/her better. All information is held in strictest confidence.

How did you hear about our program? _____

I understand that the registration fee is required upon enrolling. Enrollment is expected for the entire 12 months. Weekly tuition is due on your child's first attendance day of each week. I have read and understood the policies in the daycare handbook.

Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor/Clinic Name: _____ Phone: (____) _____

Preferred Hospital: _____

Agreements

- A. I have been informed of the required health and safety inspections and that the inspection forms are available to review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

TO BE COMPLETED BY CHILD CARE FACILITY:

Admission Date: _____ Discharge Date: _____

Paid \$ _____ Date: _____ Check Number _____

(Form to be retained for one year after discharge.) Confirmation _____ Health Form _____

FILING: File form in child's individual record. Parent's Letter _____