



## 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? \_\_\_\_\_

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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: \_\_\_\_\_

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### 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 \_\_\_\_\_