737 Barracksview Road ~ St. Louis, Missouri 63125
(314)892-8844

# CHILD ENROLLMENT INFORMATION

**Child's Name:** _____
(Last Name) (First Name) (Middle Name)

**Goes By:** _____ **Child's Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Date of Birth/Due Date:** _____ **Sex:** Male ___ Female ___

**Parent's Marital Status:** ___Married ___Separated ___Divorced ___Widowed ___Single

**Desired Start Date:** _____ **Circle Days to Attend:** Mon Tue Wed Thu Fri

**Approx. arrival time:** _____ **Approx. departure time:** _____ **Baptismal Date (month/year):** _____

**How did you hear about Peace Lutheran Early Childhood?**

___ Friend

___ Family

___ Peace Lutheran Church

___ Drive By

___ Internet

___ Other _____

**School District**

_____

**Parent/Guardian Information:**

**Parent/Guardian:** _____
(Last Name) (First Name) (Middle Initial)

**Relationship to Child:** _____ **Email Address:** _____

**Address:** _____ **City/State/Zip:** _____ **Home Phone #:** _____

**Cell Phone #:** _____ **Occupation:** _____

**Employer:** _____ **Work Phone #:** _____ **Extension #:** _____

**Work Address:** _____ **City/State/Zip:** _____ **Work Hours:** _____

**Parent/Guardian:** _____
(Last Name) (First Name) (Middle Initial)

**Relationship to Child:** _____ **Email Address:** _____

**Address:** _____ **City/State/Zip:** _____ **Home Phone #:** _____

**Cell Phone #:** _____ **Occupation:** _____

**Employer:** _____ **Work Phone #:** _____ **Extension #:** _____

**Work Address:** _____ **City/State/Zip:** _____ **Work Hours:** _____

**Parent/Guardian to call when child is sick:** _____

**Emergency contacts other than Parent(s)/Guardian or Doctor - At least one required:**

**Name:** _____ **Phone #:** _____

**Address:** _____ **Relationship:** _____

**Name:** _____ **Phone #:** _____

**Address:** _____ **Relationship:** _____

**Person(s) authorized to take child from center:**

**(1)** _____ **(2)** _____ **(3)** _____

# PLEASE COMPLETE BOTH SIDES OF FORM

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**Medical Information:**
I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

**If I cannot be reached to make necessary arrangements, or in a critical emergency requring medical care, I hereby authorize Peace Lutheran Early Childhood to contact:**

**Doctor:** _____ **Phone #:** _____

**Dentist:** _____ **Phone #:** _____

**Hospital Preference:** _____ **Phone #:** _____

**Comment on Child's Health and Development:** (note allergies, special needs, medical conditions, etc.)

_____

_____

_____

**General Information:**

**Church Home:** _____

**Siblings and ages:** _____

**Names and relationship of other adults in home:** _____

**Field Trip Permission:**

I do_____ do not_____ give consent for my child to take part in field trips or excursions with Peace Lutheran Early Childhood under proper supervision. It is my understanding that I will be notified when such trips are planned.

**Agreements:**

- When my child is ill, I understand and agree that my child may not be accepted for care.
- If your child becomes sick at school, the office staff will contact the parent immediately. The expectation is that the call/message is answered or returned within a short period of time or emergency contacts will be notified. Children should be picked up within the hour of the parent being notified.
- I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- I have received the Parent Handbook, containing additional policies and procedures and a copy of the sick child policy.
- Family registration/enrollment fee is non-refundable.

**Parent/Guardian Signature:** _____ **Date:**_____

**For Office Use Only:**

Admission Date: _____ Amount Registration Fee Paid: _____ Paid by check # _____ cash ACH Date Paid: _____

Discharge Date: _____ Amount Deposit Paid: _____ Paid by check # _____ cash ACH Date Paid: _____

Date of Last Revision: October, 2026