

# CHRIST LUTHERAN EARLY EDUCATION CENTER APPLICATION FOR ENROLLMENT

Age	Full day
3	<input type="checkbox"/>
4	<input type="checkbox"/>
Pre-K	<input type="checkbox"/>

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Check the session(s) you are interested in enrolling your child based upon availability.*

**Full Day:** 3 – 5 year old 8:00am – 5:30pm Complete this section only.

Monday  Tuesday  Wednesday  Thursday  Friday

**Before Care:** 8:00-9:00 am  Monday  Tuesday  Wednesday  Thursday  Friday

**Before Care:** 8:30-9:00 am  Monday  Tuesday  Wednesday  Thursday  Friday

**After Care:** 2:45-3:30 pm  Monday  Tuesday  Wednesday  Thursday  Friday

**After Care:** 2:45-5:30 pm  Monday  Tuesday  Wednesday  Thursday  Friday

**Parent's Day Out:** 2 ½ - 3 ½ year old 9:00-11:30am Half Day 9:00-2:30pm Full Day

Monday  Half Day  Full Day Tuesday  Half Day  Full Day

Wednesday  Half Day  Full Day Thursday  Half Day  Full Day

Friday  Half Day  Full Day

**Preschool:** Students who are 3 or 4 by September 1<sup>st</sup> 9:00-11:30am

Students must be potty trained and able to use the bathroom independently.

3 Year Old Monday & Wednesday Class  3 Year Old Tuesday & Thursday Class

4 Year Old Monday-Wednesday-Friday Class  4 Year Old Tuesday-Thursday-Friday Class

**Combo Class:** 3 or 4 year old 9:00-11:30am

Monday  Tuesday  Wednesday  Thursday

**Pre-K:** 5 years old by October 31<sup>st</sup> 9:00-11:30am

Monday, Tuesday, Wednesday & Thursday

**Friday Discovery Day:** 9:00-11:30am  Friday

**Lunch Bunch:** 11:30am -2:45 pm  Monday  Tuesday  Wednesday  Thursday  Friday

## STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Boy  Girl Birth Date: \_\_/\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary email address to use for correspondences: \_\_\_\_\_

Church child attends: \_\_\_\_\_ Baptized:  Yes  No

### Mother/Guardian

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

### Father/Guardian

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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## STUDENT INFORMATION continued

Does student live with both parents? (Please check one.)  Yes  No

If no, please provide the following information on the non-custodial parent:

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

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the non-custodial parent have permission to pick up the student?    YES        NO

If no, please complete the following Explanation of Custodial Arrangement: (Attach a copy of the court order specifying restrictions) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## SOCIAL HISTORY

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Tell us how your child interacts with parents, siblings and/or other members in the household:

\_\_\_\_\_  
\_\_\_\_\_

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## SOCIAL HISTORY continued

Other children in the neighborhood? \_\_\_\_\_

Has child received extensive care by someone other than parents? \_\_\_\_\_

By whom? \_\_\_\_\_ In own home or outside home? \_\_\_\_\_

Has child had group-play experiences such Story Time, MOPS, or Sunday School, etc.? \_\_\_\_\_

Special remarks concerning the child: (example: challenges, needs or fears) \_\_\_\_\_

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## CONTACTS

Person(s) other than parents authorized to take your child from school\*:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_

\*Both parents will be assumed to have permission to take the child unless written revocation is submitted.

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## HEALTH INFORMATION

List medication(s) taken regularly: \_\_\_\_\_  
(Note: proper physician permission forms must be on file if medication is to be administered during school day.)

List previous hospitalizations or surgery: \_\_\_\_\_

Does the student have or had he/she had the following medical problem(s):

- a. Serious allergies (medication, food, insect bites) .....  Yes  No
- b. Seizures .....  Yes  No
- c. Headaches or migraines.....  Yes  No
- d. Serious head injury or loss of consciousness .....  Yes  No
- e. Asthma or difficulty breathing with exercise .....  Yes  No
- f. Hearing loss (tubes) .....  Yes  No
- g. Speech difficulty/therapy .....  Yes  No
- h. Diagnosis or attention deficit disorder.....  Yes  No
- i. Other (diabetes, heart disease, cancer, bladder infections, etc.) .....  Yes  No

\*\*If so, please specify: \_\_\_\_\_

Does the student experience emotional or behavioral challenges that impact their daily life? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have a health disability that impacts education, requires special equipment, therapy or assistance? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Person to be called in case of need (other than mother, father or guardian) if parent/guardian can't be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to complete the *Authorization for Emergency Medical Care* on the next page.  
This form must be notarized.