# CHRIST LUTHERAN EARLY EDUCATION CENTER

11720 Nieman Road, Overland Park, KS  66210


# APPLICATION FOR ENROLLMENT

*For office use only*

| Age | Full day |
|---|---|
| 3 | ☐ |
| 4 | ☐ |
| Pre-K | ☐ |

# CHRIST LUTHERAN EARLY EDUCATION CENTER
# APPLICATION FOR ENROLLMENT

**Student's Name: _____ Date of Birth: _____**

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

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

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

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**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

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**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

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**Preschool: Students who are 3 or 4 by September 1st 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

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

☐Monday ☐Tuesday ☐Wednesday ☐Thursday

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

☐ Monday, Tuesday, Wednesday & Thursday

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

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

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## 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 Affliation:_____

### Father/Guardian

Name: _____Relationship to Student: _____

Street Address: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____Work Phone: _____

Church Affliation:_____

## 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_____

_____

_____

## 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:

_____

_____

## 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) _____

_____

_____

_____

## 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.

## 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_____

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