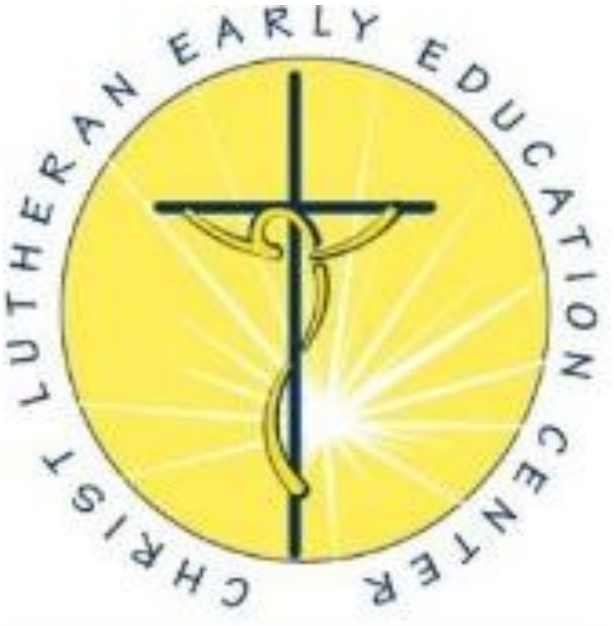
CHRIST LUTHERAN EARLY EDUCATION CENTER

11720 Nieman Road, Overland Park, KS 66210



APPLICATION FOR ENROLLMENT

2026-2027

CHRIST LUTHERAN EARLY EDUCATION CENTER

APPLICATION FOR ENROLLMENT 2026-2027

Student's Name: _____ Date of Birth: _____

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

Tuesday ☐Half Day ☐Full Day **Wednesday** ☐Half Day ☐ *Full Day* **If there's enough interest.*

Thursday ☐Half Day ☐Full Day **Monday* ☐ *Half Day* ☐ *Full Day* **If there's enough interest.*

Before Care 8:30-9:00am ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ * *Monday* **If there's enough interest.*

Three Year Old Class: **Students who are 3 by September 1st** **9:00-11:30am**

Students must be reliably potty trained and able to use the bathroom independently. ☐ Yes ☐ No

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

☐3 Year Old **Monday-Thursday** Class (in the same classroom all 4 days)

Four Year Old Class: **Students who are 4 by September 1st** **9:00-11:30am**

Students must be reliably potty trained and able to use the bathroom independently. ☐ Yes ☐ No

☐4 Year Old **Tuesday-Wednesday-Thursday** Class

Pre-K: **Students who are 5 years old by October 31st** **9:00-11:30am (must attend all four days)**

☐ **Monday, Tuesday, Wednesday, Thursday**

QUESTIONS ABOUT HOW TO INDICATE YOUR DESIRED SCHEDULE, PLEASE REACH OUT TO THE OFFICE.

ADDITIONAL FLEXIBLE SCHEDULING OPTIONS: **Students who are 3 (by Sept. 1st), 4 or 5 years old and are reliably potty trained and able to use the bathroom independently.**

Monday Flex Day: **Students who are 3 or 4 by September 1st** **9:00-11:30am**

☐ **Monday**

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

☐ **Friday**

Extended Day Options:

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

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

After Care: 2:30-3:30pm ☐**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: _____

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

Any concerns for possible delays in speech, motor skills, hearing, vision or other physical limitations? _____

If yes, please describe:_____

Has the student ever been screened or identified for special services (speech/language, sensory, occupational therapy)? _____ If so, please explain_____

Is your child receiving any services through an outside agency? _____

Any allergies, asthma, or other health concerns? If so, please list and explain procedure for care: _____

_____

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. Asthma or difficulty breathing with exercise ……☐Yes ☐No
e. Serious head injury or loss of consciousness ……☐Yes ☐No
f. Hearing loss (tubes) ……☐Yes ☐No
g. Speech difficulty/therapy ……☐Yes ☐No
h. Diagnosis of attention deficit disorder……☐Yes ☐No
i. Other (diabetes, heart disease, cancer, bladder infections, etc.) ……☐Yes ☐No

**If so, please specify: _____

Any significant problems during pregnancy or at birth (including prematurity):_____
_____

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_____