

**Student Packet 2017-2018**

|  |  |
| --- | --- |
| Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Circle Class Applying For: 3’s 4’s |
| Child’s First and Last Name |
|  |
| Nickname  | Birthdate  |
| Age by September 1st  | Please circle: Male/Female |
|  |  |
| Home Telephone Number |  |
| Address | City |
| Zip Code | Email Address: |
|  |  |
| Mother’s Name |  |
| Mother’s Employer | Work Phone Number |
| Work Hours | Cell Phone Number |
|  |  |
| Father’s Name |  |
| Father’s Employer | Work Phone Number |
| Work Hours | Cell Phone Number |
|  |  |
| Child is living with:  |  |
| Mother and Father | Custodial Parent |
| Guardian | Single Parent |
| Parent and Step Parent | Other: |
|  |  |
| ANY ALLERGIES: |  |
|  |  |

I give permission for my child to be photographed during normal classroom activities and field trips. (Parent Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for those photos to be posted on the school’s web page:

(Please Initial) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ Facebook: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**WHO IS AUTHORIZED TO PICK UP THIS CHILD?**

|  |  |  |
| --- | --- | --- |
| Person’s name | Telephone # | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

Please note: Children must be signed in daily. Changes in persons allowed to pick up your child must be made in writing and given to the staff in person. If we do not know the person picking up your child they will be asked for photo I.D. The person’s information will then be checked against your enrollment information. These policies are in place for the safety of all the children in our care.

**IN CASE OF EMERGENCY**

**If Neither Father Nor Mother Can Be Reached Call:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | Relationship: |  |
|  |  |  |  |
| Name: |  | Phone: |  |
| Address: |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Doctor: |  | Phone: |  |
| Preferred Hospital: |  | Phone: |  |

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

\_\_\_\_\_ In an emergency, I give my permission to call an ambulance or to take my child to an available physician/hospital at my expense. I further understand that common injuries or infections that occur as a part of the normal school experience that require medical attention will be my full responsibility whether or not I have insurance coverage.

Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZING SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List ANY health information we should know to best meet your child’s individual needs.
2. Has your child had: Chicken Pox \_\_\_\_\_\_\_ Measles \_\_\_\_\_\_\_ Mumps\_\_\_\_\_\_\_ Chronic Ear Infections \_\_\_\_\_\_\_ More than three colds in a year \_\_\_\_\_\_\_
3. Immunizations: Attach a copy of current shot records provided by your medical practitioner.
4. Has your child had previous preschool/daycare experience or participated in other group activities?

|  |  |
| --- | --- |
| Activity |  |
| Where |  |
| Teacher’s Name |  |

1. Are you a member of a church? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child attend Sunday School? Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

1. How did you hear about LifePoint Preschool?

Newspaper \_\_\_\_\_\_\_ The Giant Nickel \_\_\_\_\_\_\_ Facebook \_\_\_\_\_\_\_ Web Page \_\_\_\_\_\_\_

Sign at the church \_\_\_\_\_\_\_ Flier \_\_\_\_\_\_\_ Personal Referral (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe what you expect from the LifePoint Preschool program.

This completed form, your attached records, and the non-refundable registration fee will enroll your child in the appropriate class for his/her age level. “Your signature declares your commitment to regular attendance, paying tuition on or before the first of each month, as well as following the Parent Handbook Guidelines.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing LifePoint Preschool. We look forward to working with both you and your child during the coming months. It is our belief that you will not be disappointed. We welcome your feedback and suggestions.