

PLEASE FILL IN ALL BLANKS ON BOTH SIDES OF FORM, COMPLETELY

Class Day \_\_\_\_\_

Age \_\_\_\_\_  
(As of 9/1/2018)

# ST. MARK'S LUTHERAN PRESCHOOL – 2018-2019

## APPLICATION FOR ENROLLMENT

1. Child's Name \_\_\_\_\_ Name used in class: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Child Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of Father \_\_\_\_\_  
Home Address of Father \_\_\_\_\_ Tel. # \_\_\_\_\_  
City/Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Firm Name & Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Work Schedule \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Name of Mother \_\_\_\_\_  
Home Address of Mother \_\_\_\_\_ Tel. # \_\_\_\_\_  
City/Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Firm Name & Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Work Schedule \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Who does this child live with? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Brothers & Sisters (Names & Ages) \_\_\_\_\_ Pets (Kinds & Names) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Local person to be notified in case of emergency, when parents/guardian are not available during class time:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Local Tel. # \_\_\_\_\_

4. Names of persons authorized to call for my child:  
\_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_ Tel.# \_\_\_\_\_  
Relationship \_\_\_\_\_ Tel. # \_\_\_\_\_  
Name if child goes to babysitter \_\_\_\_\_ Tel. # \_\_\_\_\_

5. List any problems, allergies, or health concerns of the child:  
\_\_\_\_\_  
\_\_\_\_\_

A NON-REFUNDABLE REGISTRATION FEE OF \$85.00 MUST BE TURNED INTO THE OFFICE WITH THIS FORM, TO RESERVE A PLACE.

**For Office Use Only** Registration Fee Pd \_\_\_\_\_ Supply Fee Pd \_\_\_\_\_  
1<sup>st</sup> Day of School \_\_\_\_\_ Immunization \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

# MEDICAL CONSENT

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

## PREFERENCE FOR CLASS TIME

### 4 & 5 YEAR OLDS

\_\_\_\_\_ Monday, Wednesday & Friday Morning Class

### 3 YEAR OLDS

\_\_\_\_\_ Monday, Wednesday & Friday Morning Class

\_\_\_\_\_ Tuesday & Thursday Morning Class

Is there any reason why other days would not suit you?

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

## ST. MARK'S LUTHERAN PRESCHOOL FIELD TRIPS

I give permission for \_\_\_\_\_  
to attend all field trips in the 2018-2019 school year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**ST. MARK’S LUTHERAN PRESCHOOL**

**2018 - 2019**

**CHILD HEALTH FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Birthday \_\_\_\_\_

State specific instructions for the care of the child with special problems, including allergies:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

For medical reasons, this child should not receive the following immunizations:

---

---

---

---

---

I certify that I have examined the above child on this day and that he/she is able to participate in preschool activities.

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone