



ENROLLMENT FORM

ST. LUCAS EARLY CHILDHOOD CENTER

Child's Name: _____ Sex: Male ___ Female ___
(Last Name) (First Name) (Middle Name)

Goes By: _____ Child's Address: _____

City: _____ State: _____ Zip: _____ Birthday: _____

Home Church Attending _____ Baptismal Date (month/day/year) _____

Parents' Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___ Email _____

Desired Start Date: _____ Circle Days to Attend: Mon. Tues. Wed. Thurs. Fri.

Approx. arrival time: _____ Approx. departure time: _____ School District _____

Parent/Guardian Information:

Parent/Guardian: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____

Address: _____ City/State/Zip: _____ Home Phone #: _____

Cell Phone #: _____ Occupation _____

Employer or School Attending: _____ Work Phone #: _____ Extension #: _____

Work or School Address: _____ City/State/Zip: _____ Work Hours: _____

Parent/Guardian: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____

Address: _____ City/State/Zip: _____ Home Phone #: _____

Cell Phone #: _____ Occupation _____

Employer or School Attending: _____ Work Phone #: _____ Extension #: _____

Work or School Address: _____ City/State/Zip: _____ Work Hours: _____

Parent/Guardian to call when child is sick: _____

Emergency contacts other than Parents(s)/Guardian or Doctor – At least on required:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Person(s) authorized to take child from center

(1) _____ (2) _____ (3) _____

Medical Information:

I understand that I will be notified at once in case of accident or illness involving my child, and I will make arrangements for medical care of my child with the Physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize St. Lucas Early Child Care Center to contact:

Doctor: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Comments on Child's Health and Development (note allergies, special needs, Medical conditions, etc.):

General Information:

Home Church Attending: _____

Siblings and Birthdates: _____

Names and relationship of other adults in home: _____

Field Trip Permission:

I do _____ do not _____ give consent for my child to take part in field trips or excursions with properly supervised St. Lucas Early Child Care Center. It is my understanding that I will be notified when such trips are planned.

Agreements:

- When my child is ill, I understand and agree that my child may not be accepted for care.
- If your child becomes sick at school, the office staff will contact the parent immediately. The expectation is that the call is answered or returned within a short period of time or emergency contacts will be notified. Children should be picked up within the hour of the parents being notified.
- I have been informed of the required health and safety inspections, and that the inspection forms are available for review.
- I have received the Parent Handbook, containing additional policies and procedure and a copy of the sick child policy.
- In accordance with Section 210.003.7, RSMo, the parent or guardian of a child enrolled in St. Lucas Early Child Care Center may request notice of whether there are any children enrolled at our facility with an immunization exception on file. If you would like to request this information, please contact the St Lucas ECC office and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Admission Date: _____ Amt Registration Fee Paid: _____ Paid by check # _____ cash Date Paid: _____

Discharge Date: _____ Amount Deposit Paid: _____ Paid by check # _____ cash Date Paid: _____