

St. Paul's Lutheran Preschool Application for Admission

Please complete both sides of this form *completely* and *legibly*. Thank you!

Student Information

Student's Legal Name: _____
Last First Middle

Preferred name/nickname: _____ Age as of last Sept 1st _____

Date of Birth: ____/____/____ Male Female Baptismal Date: _____
Month/Day/Year

Social Security Number: _____ Home phone: _____

Home Address: _____
Street City State Zip

Date of Application: _____ Intended Start Date: _____

Family Information

Student lives with: (Check all that apply)

Both parents Natural mother Natural father Natural mother & stepfather Natural father & stepmother
 Grandfather Grandmother Other: _____

Any deceased parents? Mother Father

Parents are: Married Separated Widowed Divorced Which parent has custody? _____

Please complete the following information for the parent(s) or guardian(s) with whom the student currently lives.

Parent/Guardian Information: Title: Mr. Mrs. Ms. Miss Other: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address: _____

Brothers and sisters and other information about your child

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Favorite Food _____ Favorite Book _____

Favorite toy _____ Favorite Game _____

Pets and their names _____

When the school is unable to reach a parent/guardian in the event of an illness or emergency, the persons listed below are authorized to: pick up or drop off of my student, sanction medical attention, authorize a student to leave campus for illness or any other purpose, sanction participation in student activity, and assume temporary care of my child. Please include nick names.

Please complete both sides of this form. Thank you!

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Child may be released to the following:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Child may NOT be released to the following:

Name _____ Relationship _____

Name _____ Relationship _____

Ministry Information

Ethnic origin: white _____ Black _____ Hispanic _____ American Indian _____ Other: _____

Your home church: _____ Member: ____ Yes ___ No

How often does your family attend church? _____

Program Needs

| | | | | |
|-----------------|--|--|--|--|
| Preschool Only: | <u>Toddler (15-24 mos)</u> ____ 2 days (T/TH) | <u>2 Year Old</u> ____ 2 days (T/TH) ____ 3 days (TWT) ____ 4 days (MTWT) | <u>3 Year Old</u> ____ 2 days (T/TH) ____ 3 days (TWT) ____ 4 days (MTWT) | <u>4 Year old</u> ____ 3 days (TWT) ____ 4 days (MTWT) |
|-----------------|--|--|--|--|

| | | | |
|-----------------------|---------------|---------------|---------------|
| | <u>2 Days</u> | <u>3 Days</u> | <u>4 Days</u> |
| Tuition: | \$ 120 | \$ 150 | \$ 185 |
| Registration/Supplies | \$ 85 | \$ 100 | \$ 115 |

Preschool with Extended Care: check here _____ 5 days at \$130 Per week (any hours 7:00am to 5:30pm)
Registration/supply fee: \$150

Payment Plan: () Prepay for the year () Monthly () Weekly (EC) () E-payment () Cash () Check () Other _____

Parent/Guardian's signature _____ Date _____

| | | |
|----------------------|-------------------------|--------------------|
| For office use only: | Paid amount _____ | Payment type _____ |
| | Payment included: _____ | |
| | Date received _____ | Received by _____ |

Please complete both sides of this form. Thank you!

**St. Paul's Lutheran Preschool
Parent Authorization Form**

I, the undersigned, hereby authorize/affirm, that while my child attends St. Paul's Preschool, that:

A. Play

I give permission for my child to:

- use all play and playground equipment and to participate in all activities of the Preschool
- participate in field trips planned by St. Paul's Lutheran Preschool with written prior notification

B. Photography

I understand the activities are often documented through digital photography. These pictures can/will be shared through on-line services such as Microsoft Publishing, Snapfish Photo, Kodak, Adobe, Walgreens, etc. My signature below authorizes St. Paul's staff to use such pictures for St. Paul's various publications only. I further understand that such pictures will be stored in secure files and can be viewed by parents at any time.

C. DHR Exemption

My signature below affirms my knowledge that St. Paul's Lutheran Church Preschool is exempt from certification by the Alabama Department of Human Resources because it does not operate more than 4 hours a day and does not prepare a hot meal to students. I understand also that the school does attempt to comply with known standards established by the State of Alabama.

D. Emergencies

I authorize Director, Teachers, and or aide to take any necessary steps in a medical emergency, to meet the needs of my child. I give permission for an ambulance to transport my child to the nearest hospital for treatment. In addition, they are required to contact me as soon as possible, regarding the emergency and/or condition of my child.

E. Parent Handbook Acknowledgement

I affirm that I have read the Preschool Parent Handbook and understand that St. Paul's Lutheran Church Preschool is a Christ-centered learning facility. I have read, understand, and agree to the purpose, philosophy and policies of the Preschool.

Signature:

(Parent or guardian)

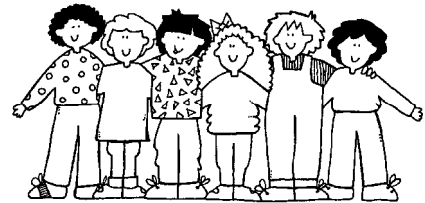
Date

St. Paul's Lutheran Preschool

1700 Carridale Street SW

Decatur AL 35601

Phone: 353-1353



Health Form

Child's Name _____

Parents or Guardian _____

Home Address _____ Phone _____

Family Doctor _____

Address _____ Phone _____

Medical History

- Chicken Pox Measles Mumps Whooping Cough
- Convulsions Meningitis Other _____

List any allergies or sensitivities _____

List any medications taken regularly by the child _____

List any medical or physical conditions of which the Preschool should be aware _____

Other Remarks: _____

Immunizations

Are immunizations up to date for the age of the child? ____ Yes ____ No

Please attach a copy of the State of Alabama Shot Record (Blue Form)
(if not already on file with the Preschool)