

Date Rec: \_\_\_\_\_  
Enrollment fee paid: \_\_\_\_\_  
Class Assignment: \_\_\_\_\_

**Enrollment Fee for Infants- 3 yr olds is \$125**  
**Enrollment Fee for 4 year olds is \$175**

Select a Session:

\_\_\_\_\_ 1 day a week (Fri) \$92 monthly  
\_\_\_\_\_ 2 days a week (TU/TH) \$158 monthly  
(M/W)  
\_\_\_\_\_ 3 days a week (M/W/F) \$187 monthly  
\_\_\_\_\_ 5 days a week (M-F) \$265 monthly

# St. Luke Preschool

## 2017 – 2018 Preschool Enrollment Form (Please PRINT all information clearly.)

Age your child will be on September 1, 2017. \_\_\_\_\_ boy \_\_\_ girl

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Month Day Year

Child's Street Address
City, State, Zip

Preferred Phone
Preferred Email

### Mother's Information

### Mother's Phone Numbers

Mother's Name
Street Address
City, State, Zip
Employer

Home Phone
Cell Phone
Work Phone
Occupation

### Father's Information

### Father's Phone Numbers

Father's Name
Street Address
City, State, Zip
Employer

Home Phone
Cell Phone
Work Phone
Occupation

Parent(s) is/are: Married Divorced Separated Widowed Single

Brother (Names & Ages) \_\_\_\_\_

Sister's (Names & Ages) \_\_\_\_\_

In reviewing a student's registration form, the following factors are given priority. Please check all that apply:

- \_\_\_\_\_ Member of St. Luke United Methodist Church
- \_\_\_\_\_ Employees of St. Luke United Methodist Church
- \_\_\_\_\_ Students who have siblings currently enrolled at St. Luke Preschool;
- \_\_\_\_\_ Student has siblings currently enrolled at St. Luke School or ELC.

Allergies or intolerance to food, medications, etc. Please explain your child's reaction. \_\_\_\_\_

Epi-Pen: \_\_\_ yes \_\_\_ no

Any specific health conditions / Any medical diagnosis: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

### Other Contacts That May Pick Up Your Child

(As a safety precaution, a note or phone call is REQUIRED on the day someone else will pick up your child and a valid driver's license MUST be presented.)

Name	Relationship	Home Phone	Work/Cell Phone
1.			
2.			
3.			

### Emergency/Health Information

(Alternate person to be contacted in the case of illness or emergency.)

Name	Relationship	Home Phone	Work/Cell Phone
1.			
2.			
3.			

### Emergency Release and Consent to Medical Care and Treatment: (Consent to Emergency First Aid & Ambulance Transportation)

I hereby give permission that my child, may be given emergency treatment by St. Luke Preschool, ELC, School and/or St. Luke UMC personnel. I also give permission for my child to be transported by ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical and/or surgical treatment can be administered to my child in the case of an accident or emergency, as deemed necessary or prescribed by any emergency treatment personnel and/or licensed physician(s).

***By signing below, you acknowledge that you are responsible for any and all expenses incurred in connection with the said medical treatment of your child.***

All St. Luke Preschool, ELC, School and St. Luke UMC personnel are hereby released from any and all liability for said emergency/medical treatment.

Please provide medical/insurance information.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are immunization records attached? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

***By signing below, I acknowledge and consent that this is a legally binding document and agree to be bound hereby.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_