



Firm Roots *Begin Here*

Christ's Kids Learning Center

St. Paul's Lutheran Church | 1320 Bath Avenue | Ashland, KY | 41101 | p: (606) 324.7729
www.stpaulsashland.org



ST. PAUL'S LUTHERAN CHURCH

ENROLLMENT FORM

Date ____ / ____ / 20____

PRINT CLEARLY PLEASE

CHILD'S INFORMATION

Male Female

Child's Full Name _____ Birthdate ____ / ____ / 20____

Preferred Name _____ Child's Home Phone (____) _____

Child's Street Address _____

City _____ State ____ Zip Code _____ School District: _____

PARENT/GUARDIAN'S INFORMATION

Mother's or Guardian's Name _____

Phone (If different from child) (____) _____

Address (If different from child) _____

Place of Employment _____

Work phone (____) _____

Father's or Guardian's Name _____

Phone (If different from child) (____) _____

Address (If different from child) _____

Place of Employment _____

Work phone (____) _____

Special instructions for contacting parents: _____

IF PARENTS OR GUARDIANS CANNOT BE REACHED IN CASE OF EMERGENCY CALL:

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Phone (____) _____ Phone (____) _____

OTHER CHILDREN IN FAMILY:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

OTHER INFORMATION ABOUT THE CHILD:

Allergies _____

Special Needs _____

Concerns _____

CHILD'S PICK UP/VISIT PERMISSION

The following person(s) will be permitted to pick up or visit the child:

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Phone (_____) _____ Phone (_____) _____

3. Name _____ 4. Name _____

Relationship _____ Relationship _____

Phone (_____) _____ Phone (_____) _____

_____/_____/20____
Signature of parent/guardian completing this form Date

Name of parent/guardian completing this form

PLAYGROUND PERMISSION

Every precaution will be taken to assure the safety and welfare of your child. However, the Center and its authorized agents shall not be responsible financially or otherwise, should an accident occur.

I understand that excursions may be planned from time to time to the playground as part of the childcare program.

My child, _____ has my permission to participate in the playground programs.

_____/_____/20____
Signature of parent/guardian completing this form Date



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PERMISSION FOR EMERGENCY MEDICAL CARE

PRINT CLEARLY PLEASE

Child's Name _____ Birth date ____ / ____ / 20 ____

PLEASE CHECK ONE:

____ In the event of an emergency requiring medical attention, **I HEREBY GRANT PERMISSION** to a physician or other hospital personnel designated by Christ's Kids to attend to my child. I understand that the school will try to contact me first at the following number(s) and then, if necessary, call an ambulance. I understand that I will be notified at the earliest possible time should prior notice prove impossible. I also understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

____ **I DO NOT GIVE PERMISSION** for my child to have emergency medical attention. I understand that the school will try to contact me at the following number(s). I understand that I will be notified at the earliest possible time should prior notice prove impossible. I agree not to hold the Child Care Program or anyone acting in its behalf responsible for any injury or complication resulting for the lack of emergency medical attention.

Parent/Guardian Signature _____ Date ____ / ____ / 20 ____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Number *other than home or work* (____) _____

Child's Doctor _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

Hospital Preference _____

Health Insurance Company _____

Policy Number _____

My child is allergic to the following medications/anesthetics/foods: _____

HEALTH HISTORY

YES	NO		YES	NO	
___	___	Kidney injuries	___	___	Wears Glasses
___	___	Heart condition or diseases	___	___	Wears Contact Lenses
___	___	Diabetes	___	___	Other <i>(please explain)</i> _____

Date of last Tetanus shot ____ / ____ / 20 ____

A Note on Care During Program Hours:

The staff will administer prescription medicines accompanied by a signed and dated Medication Permission Form (see Director) for each day the medication is to be given. All prescription medications should be in the original container, with the name of the child, doctor, prescription number, and dosage. Over-the-counter medications must also be in the original container and have the child's name written on the bottle.

PARENTS ARE REQUESTED TO NOTIFY THE STAFF WHEN THEIR CHILD IS ILL WITH A COMMUNICABLE DISEASE.



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ST. PAUL'S LUTHERAN CHURCH

PERMISSION TO VIDEOTAPE/PHOTOGRAPH

PRINT CLEARLY PLEASE

DEAR PARENT/GUARDIAN:

At some time during the school year, Christ's Kids personnel or other Center-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during the school day for staff/student evaluative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play, the film or photograph may be viewed by a general audience.

Please review this form carefully, indicate your preference in regard to videotaping or photographing of your child, sign and date the form, and submit the form to the Director. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for the school year. However, at any time during the school year, you may amend this form only for future uses/preference by notifying the Director in writing of your request.

Child's Name _____

Indicate your preference by checking the appropriate box below:

- My child may be videotaped/photographed during the school day for evaluative, educational, or public awareness purposes, as well as for special occasions such as participation in a class or school play.
- My child may be videotaped/photographed during the school day for evaluative, educational, or public awareness purposes only.
- I request to be notified in advance any time my child may be videotaped/photographed during the school day and understand that I may deny, by notifying the Director in writing, the videotaping/photographing of my child for that particular evaluative, educational, public awareness, or special purpose.

Name of Parent/Guardian *(Please print)* _____

Daytime Phone Number (_____) _____

_____/____/20____
 Signature of parent/guardian Date

_____/____/20____
 Signature of director/designee Date