Hope Lutheran Preschool Registration

2600 N. Dean Road

Orlando, FL 32817

**2022-2023 School Year - Registering for:**

* 2 year old

(circle one) 5 day / 3 day / 2 day

(Actively Potty Training)

* 3 year old
* 4 year old

(all children must turn 2, 3 or 4 by September 1st to be in that class)

**ENROLLMENT DATE:**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD INFORMATION**

Child’s Name

First Middle Last

Name Child Goes By Male / Female (circle one)

Age: \_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Home Phone ( )

Home Address

Street Address City Zip

**PARENT INFORMATION**

Mother’s Name Father’s Name

Employer Employer

Work Number Cell Work Number Cell

Address (if different than child’s) Address (if different than child’s)

Email Email

Custody**:** MOTHER FATHER BOTH OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation Church Affiliation

**MEDICAL INFORMATION:**

**I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.**

Local Emergency Contact

Name Phone

Relationship To Child

Family Physician Phone #

Person to contact in the event of an emergency (if parent is not able to be reached)

Contact #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS:**

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home #

Helpful information about your child (Behavior, allergies, etc.):

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

* Section 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
* Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

(**EXPULSION POLICY**: We make every attempt to keep your child in school. In the event your child shows continued disrespect for the teachers, peers and the school and or indicates or does harm to a teacher or other student, we have no choice but to ask you to seek other arrangements for your child. Our goal is to provide a positive and loving atmosphere to every child.)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.

To the best of my knowledge, all information provided is correct. I realize that if, for any reason, I have to withdraw my child from Hope Lutheran Preschool that a 30 day written

notice is required.

Parent / Guardian Signature: Date