

**ST. STEPHENS LUTHERAN PRESCHOOL
HICKORY, NORTH CAROLINA**

FOR SCHOOL YEAR _____ - _____ Application Date _____
Enrollment Date _____

Name of Child _____ Birth Date _____
(Last) (First) (Middle) (Nickname) _____ Male _____ Female _____
Address _____ Zip Code _____
Social Security No. _____ T-Shirt Size _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____ Cell Phone _____
Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____ Cell Phone _____
Where Employed _____ Business Phone _____

E-Mail Address _____
Permission to publish Home Phone #, Cell Phone #, and E-Mail Address in School Directory: Yes ___ No ___

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: Yes _____ No _____
Explain:

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of Child's Doctor _____ Office Phone _____
Address _____
Name of Child's Dentist _____ Office Phone _____
Address _____
Hospital Preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name _____ Home Phone _____ Office Phone _____
Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator) (Date)

FAMILY BACKGROUND:

Has your child: attended preschool before? Yes No
had any play-group experiences? Yes No
received extensive care by other than parents? Yes No

What is the marital status of the child's parents:
Married, living together Separated Divorced Other

Type of housing: House Duplex Apartment Other

List other members of household (other than parents) and their relationship and birth date:

Does your child need help in: dressing? Yes No undressing? Yes No
washing hands? Yes No toileting? Yes No tying shoes? Yes No

What forms of discipline works best with your child? _____

Church Information --

Child's Present Congregation: _____ City: _____ State: _____

Father's Church Membership: _____ Mother's Church Membership: _____

Does child attend church with you? Yes No
Does child attend Sunday School? Yes No

Was child baptized? Yes No Dedicated? Yes No Date _____
Baptizing Congregation: _____ City: _____ State: _____

What are your child's favorite Bible stories? _____

What are your child's favorite prayers? _____

I am registering my child for the following class (both classes meet daily - Monday through Friday, 8:30-11:30 am):

_____ 3-Year-Old Preschool Class (He/she will be 3 by Opening Day of the School Year -
Must be potty trained.)
_____ 4-Year-Old Preschool Class

I will need Child Care:

Early Morning, 7:00-8:15 A.M. Monday Tuesday Wednesday Thursday Friday

Afternoon care, 11:30-6:00 P.M. Monday Tuesday Wednesday Thursday Friday
or

Alternate hours, 11:30-____ P.M. Monday Tuesday Wednesday Thursday Friday

Please Note: By N.C. State Law, a 3-4 year old child cannot be on our premises for care more than 10 hours a day.