

**St. Lucas Preschool Information Form
2020-2021**

Date: _____

Child's Name: _____ **Nickname:** _____

Gender: _____ **Age Now:** _____ **Birth Date:** _____ **Home Phone:** (____) _____

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: (____) _____ **Cell:** (____) _____ **Work Phone:** (____) _____

Employer: _____ **Address:** _____

Hours of Employment: From _____ To: _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: (____) _____ **Cell:** (____) _____ **Work Phone:** (____) _____

Employer: _____ **Address:** _____

Hours of Employment: From _____ To: _____

Is it alright to provide your email address to other parents? ____yes ____no

Siblings: _____ **Age:** _____ _____ **Age:** _____

_____ **Age:** _____ _____ **Age:** _____

If child has attended St. Lucas Preschool before, who was the teacher? _____

Church Affiliation: _____

School District you live in: _____

Emotional or Physical Concerns (fears, dependencies, special diets, allergies, etc.):

Services Currently Receiving (Speech, Language, Special School District, etc.):

Please Check One: _____My Child is Toilet Trained _____My Child is not Toilet Trained

How would you like Preschool to help your child? _____

Are there any legal issues concerning the student the school should be aware of: (circle) Yes No
If yes, please submit paperwork to the office

PLEASE COMPLETE THE BACK OF THIS FORM

Emergency Contacts:**People to call in an emergency (other than parents or doctor):**

Name: _____ Relationship to Child _____

Home Phone: () _____ Cell: () _____

Address: _____ City _____ Zip _____

Name: _____ Relationship to Child _____

Home Phone: () _____ Cell: () _____

Address: _____ City _____ Zip _____

Persons Authorized to Take Child from Preschool (other than parents):

Name: _____ Name: _____

Name: _____ Name: _____

Authorization for Emergency Medical Care:

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor/Clinic: _____ Phone: () _____

Preferred Hospital: _____ Phone: () _____

Website/Social Media:

We use pictures of school activities on our website and social media pages, but never use names.
Please check one:

_____ I give the Preschool permission to use my child's picture on the website/social media

_____ I DO NOT give the Preschool permission to use my child's picture on the website/social media

Buzz Book Permission:

We create a Buzz Book annually for our staff and families. We include parents and students names, address, phone numbers and email addresses.

_____ I give the Preschool permission to use our family information in a Buzz Book

_____ I DO NOT give the Preschool permission to use our family information in a Buzz Book.

Agreements: (please read and initial each one)

- A. I have been informed of the required health and safety inspections ("Notice of Parent Responsibility" signed at enrollment time) and that the inspection forms are available for review. _____
- B. When my child is ill, I understand and agree that my child may not be allowed to attend school. _____
- C. I understand that before the first day of attendance by my child, I will provide proof of completed age appropriate immunizations or exemption from immunizations. _____
- D. I have been notified that I may request notice whether there are children currently enrolled in the preschool for whom an immunization exemption has been filed. _____
- E. I understand that the 1st tuition payment is due by the 1st day of class & all other payments are due by the 1st of each month. A \$15 late fee will be imposed after the 10th of the month. _____

Parent/Legal Guardian Signature: _____ Date: _____