

Admission Date _____
Discharge Date _____

(CLASS OPTIONS on back side)

2021/2022

RESURRECTION PRESCHOOL ENROLLMENT FORM

Resurrection Lutheran Church 9907 Sappington Rd., St. Louis, MO 63128

DATE _____

Please use black ink

Please fill out this enrollment form and return it to the Early Childhood Office with the non-refundable registration fee and the last month's tuition. Make check payable to Resurrection Early Childhood.

CHILD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE _____ Check One..... GIRL BOY

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S ADDRESS _____ Zip _____ EMAIL: _____

HOME PHONE(____) _____ Mobile # (____) _____ Carrier _____ WORK PHONE(____) _____

PLACE OF BUSINESS _____ ADDRESS _____ WORK HOURS _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S ADDRESS _____ Zip _____ EMAIL: _____

HOME PHONE(____) _____ Mobile # (____) _____ Carrier _____ WORK PHONE (____) _____

PLACE OF BUSINESS _____ ADDRESS _____ WORK HOURS _____
Zip Code: _____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, NOTIFY:

NAME _____ Address _____ Zip _____ Phone(____) _____ Relationship _____

NAME _____ Address _____ Zip _____ Phone(____) _____ Relationship _____

PERSONS, OTHER THAN PARENTS AND THOSE LISTED ABOVE, AUTHORIZED TO TAKE CHILD FROM SCHOOL:

NAME _____ NAME _____

NAME _____ NAME _____

Please complete back

WHO IS THE CHILD PRESENTLY LIVING WITH? _____

OTHER CHILDREN IN THE FAMILY: NAME _____ AGE _____
NAME _____ AGE _____
NAME _____ AGE _____

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 AS FOLLOWS:

CHILD'S DOCTOR _____ PHONE#(____) _____

PREFERRED HOSPITAL _____ PHONE #(____) _____

KNOWN ALLERGIES _____

SERIOUS ILLNESS OR SPECIAL CONCERNS _____

WHAT CHURCH DOES YOUR FAMILY ATTEND? _____

DENOMINATION _____ PASTOR/PRIEST NAME _____

HAS YOUR CHILD BEEN BAPTIZED? _____

HOW DID YOU HEAR ABOUT RESURRECTION EARLY CHILDHOOD PROGRAM? _____

AGREEMENTS:

- A. When my child is ill, I understand and agree that my child may not be accepted for care.
- B. **When withdrawing a child from enrollment, I understand that a 30 day notice, in writing, must be given to the director and I am responsible for payment of tuition for that 30 days.**
- C. I have been informed via "Notice of Parental Responsibility" form of the required health and safety inspections and that the inspection forms are available for review in the Early Childhood Office.
- D. I have been informed that I may request notice at any time of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

PARENT'S OR GUARDIAN'S SIGNATURE _____

PRESCHOOL CLASS OPTIONS

1st yr Preschool: 8:30-11:30 (tu/th) _____ 8:30-12:30 (tu/th) _____

PreK Preschool: 8:30-11:30 (m/w/f) _____ 8:30-12:30 (m/w/f) _____

(NOTE: 1st yr Preschool must be 3 by Aug. 1, 2021, PreK must be 4 yr. by Aug 1, 2021)

