

Admission Date \_\_\_\_\_  
Discharge Date \_\_\_\_\_

ROOM # \_\_\_\_\_

2021/2022

**RESURRECTION PATHWAYS PROGRAM 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 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 #(\_\_\_\_) \_\_\_\_\_ PLACE

OF BUSINESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_ WORKHOURS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE(\_\_\_\_) \_\_\_\_\_ MOBILE # (\_\_\_\_) \_\_\_\_\_ carrier \_\_\_\_\_ WORK #(\_\_\_\_) \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_ WORK HOURS \_\_\_\_\_

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

NAME \_\_\_\_\_ Address \_\_\_\_\_ zip code \_\_\_\_\_ 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 \_\_\_\_\_

WHO IS THE CHILD PRESENTLY LIVING WITH? \_\_\_\_\_

**Please Complete Back**

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 \_\_\_\_\_

Please indicate for which day(s) you are enrolling your child. Note that half day sessions of Parent's Day Out are only available to children who are also enrolled in Resurrection Preschool.

**FULL DAY SESSIONS**

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

**HALF DAY SESSIONS (Room 4, PS age only)**

MON P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

TUES P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

WEDN P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

THURS P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

FRI P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_