

Office Use Only

Birth Certificate recv'd _____

Physical Form recv'd _____

Medication Auth Form recv'd _____
(if needed)**CHILD'S RECORD**

School Year _____

3 Year old program _____

4 Year old program _____

Name of Child _____ Birth Date: _____ Age: _____

Preferred Name: _____ Sex: _____

Address _____

Parent/Guardian information:

Name _____

Name _____

Relation to child _____

Relation to child _____

Home address _____

Home address _____

Phone No. (h) _____

Phone No. (h) _____

Phone No. (c) _____

Phone No. (c) _____

E-Mail _____

E-Mail _____

Employer _____

Employer _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Working hours _____

Working hours _____

In case of emergency, if parent cannot be reached, call:

Name _____

Address _____

Phone No. (h) _____

Relation to child _____

Phone No. (c). _____

Name _____

Address _____

Phone No. (h) _____

Relation to child _____

Phone No. (c) _____

Student Pick-Up Information

Child's Name: _____

NOTE: Parents will automatically be considered as authorized for pick-up unless legally prohibited to do so. (See page 4 of this packet).

I/we authorize ONLY the following to pick up my/our child when I/we are not available:

Name _____

Phone (h) _____

Phone (c) _____

Relationship to child: _____

Address _____

Name _____

Phone (h) _____

Phone (c) _____

Relationship to child: _____

Address _____

Name _____

Phone (h) _____

Phone (c) _____

Relationship to child: _____

Address _____

Name _____

Phone (h) _____

Phone (c) _____

Relationship to child: _____

Address _____

Parent/Guardian Signature _____ Date _____

Emergency Information

Child's Name: _____

Physician to call if child becomes ill or injured:

Name _____

Phone Number _____

Address _____

Preferred Hospital _____

Medical Insurance information:

Insurance company _____

Policy Holder _____ Policy /Group ID # _____

Emergency medical care

I/we authorize St. John's Lutheran preschool staff to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the invoice.

Parent/Guardian Signature _____ Date _____

Relationship to child _____

Parent/Guardian Signature _____ Date _____

Relationship to child _____

Administration of Emergency Prescription Medication

Emergency medications for seizures, severe allergies, asthma and diabetes cannot be administered unless an Emergency Medication Administration Authorization form is on file with the preschool. A copy of the form is attached. **(see page 6 of this form)**

Sunscreen Policy

I/we understand that the preschool will not apply any sunscreen to my child. I/we understand that if I elect to use sunscreen, it must be applied before my child comes to daycare.

Parent/ Guardian Signature _____ Date _____

Relationship to child _____

General Information

Child's Name _____

Is the child right-handed or left-handed? _____

Does the child have any of these special needs? Yes ____ No ____

If yes, please explain:

Medical problems or diagnosis, prior surgeries: _____

Physical handicaps:

(List any assistive technology such as braces/orthotics, walker, wheelchair, hearing aids, glasses, etc.)

Restrictions for play – indoors and outdoors: _____

Are there any legal matters we should be aware of? Yes ____ No ____

If yes, please indicate:

☐ Divorce

☐ Guardianship

☐ Orders of Protection

Custody Sole or Joint (please circle one).

If sole, person having custody _____

If you have a court order that limits the rights of one parent in matters such as custody or visitation, please bring a copy of the court order to the church office. Unless your court order is on file with us, we must provide equal rights to both parents.

Does your child have a Family Service Plan or IEP? Yes ____ No ____

Parent/Guardian Signature _____ Date: _____

Relationship to child _____

School Directory Authorization

I/we are willing to have our names, address, and phone numbers listed in the school directory to be distributed to all students in the preschool.

Parent/ Guardian Signature _____ Date _____

Relationship to child _____

Photo Release Authorization

I/We grant St. John's Lutheran Preschool the right to take photographs and/or video of my child during class time and special occasions or outings including, but not limited to, parties, holidays, the annual Christmas program, graduation, family reading night, and field trips. I authorize St. John's Lutheran Preschool, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically, including but not limited to, St. John's Lutheran Church Newsletter, St. John's Lutheran Church website (www.SJLChatham.org), the church Facebook page, or the Chatham Clarion.

I/We agree that St. John's Lutheran Preschool may use such photographs of my child for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I/We further acknowledge that no names will be released without specific authorization from the parent or guardian of the child.

Parent/ Guardian Signature _____ Date _____

Relationship to child _____

Transportation Authorization

I/we authorize my/our child to participate in walking trips, field trips, special excursions, to and from nearby public park facilities. I/we understand that all such trips are under the supervision of the preschool staff and that health and safety precautions are taken in compliance with DCFS standards. (I have read Section I, Activities, of the Parent Handbook and understand the transportation policies.)

Parent/ Guardian Signature _____ Date _____

Relationship to child _____

Handbook Receipt

I/we acknowledge that I/we **have received** and read the St. John's Lutheran Preschool Handbook. I/we **have read** and understand the discipline policy and procedures stated in the Parent Handbook in Section IV, H-Discipline.

Signature _____ Date _____

Relationship to child _____

Tuition Policy

I/We understand that tuition is due on the first day of school each month. If tuition is not received by the 10th of each month, I/We will be subject to a \$25 late fee.

Signature _____ Date _____

Relationship to child _____



**AUTHORIZATION FOR EMERGENCY MEDICATION TO BE GIVEN
DURING PRESCHOOL HOURS.**

PHYSICIAN:

When it is necessary for a preschool student to receive emergency medication according to the policies and procedures of St. John's Lutheran Preschool, and has one of the following life-threatening medical conditions: Seizures, Asthma, Severe allergies, or Diabetes in which a life-saving medication may need to be administered during class-time by the teacher or classroom aide, the following information must be provided by the child's physician:

☐

No Emergency Medication is Required **(Signature required below)**

Name of Student: _____ Date of Birth: _____ Class: 3 4

Diagnosis: (circle one) Seizures Asthma Severe Allergy Diabetes

Name of Medication: _____

Dose and time of administration: _____

Specific, detailed instructions on how to administer medication: _____

Desired benefit of medication: _____

Significant side effects: _____

Licensed Health Care Providers Name (print or stamp): _____

Licensed Health Care Providers Signature: _____

Date of signature: _____

PARENTS/GUARDIANS:

I give permission for the teacher and/or aide of St. John's Lutheran Preschool to administer the medication as prescribed above. I understand that I must supply the preschool with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. I also understand it is my responsibility to ensure the safe transportation of the medication to and from school. I also acknowledge that the preschool staff are not medical professionals and will do their best to treat my child to the best of their abilities.

Parent/Guardian Signature: _____

Relationship to child: _____

Date: _____