

Admission Date _____
Discharge Date _____

ASSIGNED TEACHER _____
CIRCLE ONE... 3-AM 3-PM
4-AM 4-PM

**** RESURRECTION PRESCHOOL ****

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

ENROLLMENT FORM

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 Preschool.

CHILD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE _____ CIRCLE ONE..... GIRL BOY

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S HOME PHONE(____) _____ CELL # (____) _____ WORK PHONE(____) _____

PLACE OF BUSINESS/ADDRESS _____ WORK HOURS _____

MOTHER'S ADDRESS _____ EMAIL: _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S HOME PHONE(____) _____ CELL # (____) _____ WORK PHONE (____) _____

PLACE OF BUSINESS/ADDRESS _____ WORK HOURS _____

FATHER'S ADDRESS _____ EMAIL: _____

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

NAME _____ Address _____ Phone(____) _____ Relationship _____

NAME _____ Address _____ 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. I understand that if I need to drop my child from the preschool program, I must do so **before August 1st** in order to receive a refund of the last month's tuition.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.
- C. **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.**
- D. 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.

PARENT'S OR GUARDIAN'S SIGNATURE _____

EARLY CHILDHOOD OFFICE : 843-4980 ext. 109 or 110