

Covenant Lutheran Church
Preschool
Enrollment Form

Child Information:

Full Name: _____ Date: _____

Birth Date: _____ Allergies: _____

Address: _____ City/St: _____ Zip Code: _____

Parent Information:

Guardian Information

Guardian Information

Full Name _____

Address _____

Home Phone _____

Cell _____

Work Phone _____

E-mail _____

Emergency Contact Name: _____ Phone #: _____

List three people other than the child's parents who will be authorized to pick up your child. A photo ID must be present at time of pick up.

1. _____ 2. _____ 3. _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone #: _____

Hospital: _____ Address: _____ Phone#: _____

I give consent for the staff of Covenant Lutheran MDO to secure any and all necessary emergency medical care for my child.

Signature- Parent of Legal Guardian

Date

List and Special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalizations during the past 12 months, any medications prescribed for long term continuous use, and any other information which the caregiver should be aware of on the back of this form.

Enrollment Date: _____ Registration Fee Paid: _____ Received Shot Record _____

Non Refundable