



APPLICATION FOR ENROLLMENT

Program: ___ School Year ___ Summer Bridge ___ Summer Camps

Student Information:

Date of Birth: ___/___/___ Sex: ___ Male ___ Female Date of Application: ___/___/___

Child's Full Name: _____ *Nickname* _____

Child's Physical Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Family Information: Custody: ___ Both Parents ___ Mom ___ Dad ___ Other: _____

Father's Name: _____ Mother's Name: _____

Address: ___ Same as child Address: ___ Same as child

Address: _____ Apt: _____ Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Pediatrician: _____ Phone: _____ Hospital Pref _____

Please list allergies, special medical or dietary needs, or other areas of concern: ___ No Known Allergies

Emergency Consent/Child Release Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

| <u>Name:</u> | <u>Relationship to Child:</u> | <u>Phone Number</u> | <u>Type of Authorization</u> |
|--------------|-------------------------------|---------------------|------------------------------|
| 1. _____ | _____ | _____ | Emergency/Pickup/Both |
| 2. _____ | _____ | _____ | Emergency/Pickup/Both |
| 3. _____ | _____ | _____ | Emergency/Pickup/Both |
| 4. _____ | _____ | _____ | Emergency/Pickup/Both |

Photo Release:

I hereby grant permission to CTK Lutheran Preschool, its representatives and employees, to take photographs or videos of my child in connection with school activities. I authorize CTK to copyright, use and publish the same in print and/or electronically. Please Initial _____

Church Affiliation:

Are you currently a member of Christ the King Lutheran Church? ____ Yes ____ No

If not, what church does your family attend? _____

Has your child been baptized? ____ No ____ Yes Date of Baptism: ____ / ____ / ____

Required Documents & Information:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 65C-22.006(4). F.A.C., requires a signed copy of the brochure “Influenza Virus, Guide to Parents” (CF/PI 175-70) be included with enrollment application. This brochure is available on our website www.ctkpreschool.net
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility” (CF/PI 175-24). This brochure is available on our website www.ctkpreschool.net .
_____ I acknowledge that I have reviewed “Know Your Child Care Facility”
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. Disciplinary practices are outlined in our Parent Handbook, available on our website www.ctkpreschool.net .
_____ I acknowledge that I have reviewed the Parent Handbook and agree to follow the policies of CTK.

CTK Policies & Agreements:

- EARLY DISMISSALS: CTK will dismiss at 12:00 on the last Friday of each month for staff meetings. Parents will be notified of specific dates.
- CTK uses assessments and observation to record children’s progress throughout the year. Written progress reports will be shared with parents. *Please note that children in VPK are also given state mandated assessments three times per year.*
_____ I give permission to CTK to assess my child. _____ I DO NOT give permission to assess my child.

Signature:

Your signature below indicates that you acknowledge the information stated above and that you will provide the required documents within 30 days of enrollment. Your signature also indicates that the information on this enrollment form is complete and accurate.

Signature of Parent or Legal Guardian

Date