

Please print all information. Thank you!

Child's Name _____ School Attending _____
Address _____ Grade as of Sept. 20__ : _____
_____ Zip _____ Teacher _____
Phone _____ Sex _____ Birth date _____

**GRACE LUTHERAN COMMUNITIES
SCHOOL AGE CHILD CARE ENROLLMENT FORM**

Bills should be addressed to: Mother _____ Father _____ Human Services _____ Other _____

Mother/Guardian _____ Father/Guardian _____
Address _____ Address _____
_____ Zip _____ _____ Zip _____
Phone _____ Phone _____

Mother/Guardian Employment Information Father/Guardian Employment Information
Employers' Name _____ Employers' Name _____
Address _____ Address _____
_____ Zip _____ _____ Zip _____
Phone _____ Phone _____
Usual Schedule _____ Usual Schedule _____

Emergency Contact Other Than Parents

Name _____ Relationship _____
Home Address _____ Phone _____
Employer Name _____ Phone _____
Address _____

Marital Status: Married _____ Single _____ Separated _____ How Long _____
Spouse deceased _____ How Long Ago _____
Divorced _____ How Long _____

Any custody arrangements we should be made aware of _____

Person(s), including parents, who are authorized to call for child (parents need not repeat address information)

Name _____ Relationship _____ Phone _____
Address _____ Employer _____ Phone (w) _____
Name _____ Relationship _____ Phone _____
Address _____ Employer _____ Phone (w) _____
Name _____ Relationship _____ Phone _____
Address _____ Employer _____ Phone (w) _____

HEALTH HISTORY

Has your child ever been stung by a bee? Yes _____ No _____
Does your child take any medication on a daily basis (Please answer "Yes" even if they do not take the medication while at our program) Yes _____ No _____
If "Yes", please give the name, dosage, and time taken _____
Child's Physician _____ Phone _____

In order for us to best understand your child and give them the most positive experience possible while in our care, please answer the following question:

Does your child have an IEP or 504 Plan for special needs? Yes _____ No _____

If "Yes", please indicate if it is for the areas of:

Academics _____

Social/Emotional/Behavioral _____

Both of these areas _____

If there is information you'd like to share regarding these needs, please do so here

Having a copy of your child's IEP/504 Plan will create continuity for all parties involved.

PERSONALITY INFORMATION

What types of discipline are used at home? _____

What is your child's reaction to discipline? _____

Does your child have any fears? _____

List four favorite activities your child enjoys _____

PARENTAL CONSENT

I give permission for pictures taken during the program to be used for possible advertising and student activities. Yes _____ No _____

I give permission for my child to participate in field trips during operating hours. Details will be sent to me in advance of each trip. Yes _____ No _____

I have had the opportunity to review day care policies and "Wisconsin Rules for Licensing Childcare Care Centers." Yes _____ No _____

I hereby give my consent for emergency medical care treatment, to be used only if I cannot be reached immediately. Yes _____ No _____

At Grace School Age Childcare we do not have any pets. If we have a pet visit you will be notified of this at least 3 days ahead of time. I understand this is the pet policy. Yes _____ No _____

Confirmation of Parent/Guardian _____ **Date** _____

My child's schedule will be: (PLEASE CIRCLE THE DAYS)

(A.M.) **M T W TH F** from _____ to the start of school

(P.M.) **M T W TH F** from the end of school to _____

Start Date _____
Termination Date _____