

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 _____