

Office Use Only
Reg. fee: Check \$ _____ # _____
Cash \$ _____ # _____
Credit Card _____

GLORIA DEI LUTHERAN CHILDCARE ENROLLMENT FORM

1711 Ring Road East, Elizabethtown, KY 42701
(270) 769-5910

PURPOSE STATEMENT

The purpose of the Lutheran Child Care Center is to provide the best quality care and to educate each child in Christ-centered surroundings.

Today's Date / /

Date Child Will Start / /

CHILD INFORMATION

Name: Last First Middle Nickname

Street address: City State Zip Code

Date of birth Male /Female

Program entering: ___ 6 wk-11mo ___ 12mo-23mo ___ 2 yr. old ___ 3 yr. old FT ___ 4 yr. old FT
 ___ 3 yr. old PS only ___ 4yr. old PS only ___ After School ___ School Break/Summer Care

Race: Please check ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other

FAMILY INFORMATION

Siblings who attend LCCC:

Name _____ Program entering _____

Name _____ Program entering _____

PARENT/GUARDIAN INFORMATION

Mother Occupation Workplace

Email address: _____ cell phone number _____

Father Occupation Workplace

Email address: _____ cell phone number _____

Child lives with both parents? _____ one parent? _____ Grandparent? _____ Other? _____

Parent not living with child:

Name: Address City State Zip

Phone Number _____ Court ordered restriction is place? _____

If there are restrictions to the non-custodial parent's rights please list on a separate sheet of paper, must include any court documents that apply to these restrictions.

EMERGENCY NAMES AND PHONE NUMBERS OF THOSE WHO ARE AUTHORIZED TO PICK UP YOUR CHILD:

Please list the names of all persons to whom we may release this child:

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

When necessary, please call: ___ Mom first Cell Phone# _____ Work Phone # _____

 ___ Dad first Cell Phone# _____ Work Phone # _____

 ___ Other first Name _____ Phone# _____

Physician Name: _____ **Phone #** _____

PREFERRED HOSPITAL IF AN EMERGENCY SHOULD OCCUR _____

CHANGES TO THE AUTHORIZED PICK-UP LIST MUST BE DONE IN WRITING. PLEASE COME BY THE OFFICE TO MAKE ANY CHANGES.

Acceptance of this enrollment form and the registration fee will assure your child a place in our childcare center. In return, we expect that you will honor your enrollment and give a two week notice if you need to remove your child from the center.

Parent's Signature _____ Date _____

To help our staff know your child better, please provide any information about him/her that would be beneficial for us to have on file. Include any changes that have recently occurred in his/her home life, any known health issues, or any other pertinent information you would like to share.
