



MT. OLIVE LUTHERAN PRESCHOOL

classroom \_\_\_\_\_

# Student Enrollment Form

## Enrollment Information

Days		Hours		
M-F	MWF TTH	Full-Time	Extended Day	Part-Time
		7am-6pm	8am-3:30pm	8am-12:30pm

30-day advance written notice is required prior to withdrawal. Children are considered enrolled and tuition is owed until 30 days after notification of intent to withdraw. Full tuition is due each month regardless of days attended. Registration fee is due at time of registration.

Enrollment Date \_\_\_\_\_

## Child Information

Mt. Olive Lutheran Preschool enrolls children on a space-available basis without regard to race, gender, national or ethnic origin, or religion.

Name \_\_\_\_\_

DOB \_\_\_\_\_ Baptismal Date \_\_\_\_\_ Church Home \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

## Family Information

Mother's Name \_\_\_\_\_

Mother's Phone(s) Cell \_\_\_\_\_ Cell network \_\_\_\_\_ Work \_\_\_\_\_  
(to receive text messages from preschool computers)

Mother's Address \_\_\_\_\_  
(if different from child)

Father's Name \_\_\_\_\_

Father's Phone(s) Cell \_\_\_\_\_ Cell network \_\_\_\_\_ Work \_\_\_\_\_  
(to receive text messages from preschool computers)

Father's Address \_\_\_\_\_  
(if different from child)

Preferred Email(s) \_\_\_\_\_

Please provide at least one email address for weekly emails and other notices from the Director.

**Alternate Contact Persons**

The following person(s) should be contacted in the event of illness or emergency if neither parent can be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell network for txt msgs \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell network for txt msgs \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

**Authorization to Release**

I give my permission to Mt. Olive Lutheran Preschool to release my child to the following person(s)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell network for txt msgs \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell network for txt msgs \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

**Non-Authorization for Release (if applicable)**

My child is NOT allowed to be released to the following person(s), unless written or spoken notification is given to the Director/ Assistant Director by me, the child's primary guardian.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Thank you for choosing Mt. Olive. Please share how you learned about us.**

Referral from \_\_\_\_\_  Driving by  Website  Facebook

Why did you choose to enroll your child at Mt. Olive Preschool? (mark all that apply)

Christian program  Academic curriculum  Friendly environment  
 Convenient location  Positive recommendation

**Please fill out both sides of page** \_\_\_\_\_→

## Medical Information

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Medical History

Allergies \_\_\_\_\_

(If present, please fill out Allergy Alert form)

Special Needs \_\_\_\_\_

Existing Illness \_\_\_\_\_

Previous Serious Illness or Injury \_\_\_\_\_

Long-Term/Continuous Use Medication \_\_\_\_\_

Disabilities \_\_\_\_\_

## Emergency Medical Treatment Authorization

In the event my child \_\_\_\_\_, should need emergency medical attention, I give my permission to the staff of Mt. Olive Lutheran Preschool to seek the medical attention needed, and to transport my child for emergency medical treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Verification

I, \_\_\_\_\_, certify that I am the parent/legal guardian of \_\_\_\_\_, and all information provided in this enrollment form is accurate to my best knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out both sides of page 

