

TLC Preschool 301 E. Stuart St., Fort Collins, CO 80525

(970) 221-9852 www.trinitylutheranfc.org

Enrollment Application

Enrollment Date _____ (Please complete all forms legibly!! Thank you!!)

Child's Full Name _____ DOB _____ Age _____

Name child is known by _____ Male _____ Female _____

Home Address _____

City _____ Zip code _____ Home phone # _____

Parent's Name _____ Parent's Name _____

DOB _____ Email _____ DOB _____ Email _____

Cell phone # _____ Cell phone # _____

Employer _____ Employer _____

Address _____ Address _____

Occupation _____ Occupation _____

Business phone # _____ Business phone # _____

How did you learn of our program? _____

Enrollment is for the: MWF Pre-K class _____ T/Th Class _____

Do you need: Early Drop-off (8:00-9:00) _____

Preschool classtime is 9:00 am to 12:00 pm unless otherwise notified.

A non-refundable Registration Fee of \$60.00 must accompany this application in order for your child to be officially enrolled for a class at TLC Preschool.

Signature _____ Date _____

Emergency Information

Child's Full Name _____ DOB _____ Age _____

Home Address _____

City _____ Zip Code _____ Home phone # _____

Parent's Name _____ Parent's Name _____

DOB _____ Email _____ DOB _____ Email _____

Cell phone # _____ Cell phone # _____

Employer _____ Employer _____

Address _____ Address _____

Business phone # _____ Business phone # _____

Persons to contact in case of emergency and parents cannot be reached (please include all phone numbers and addresses):

1. _____

2. _____

3. _____

Others who may pick up/drop off your child (please include all phone numbers and addresses);

Anyone NOT authorized to pick up your child _____

Child's Doctor _____ Phone # _____

Address _____

Child's Dentist _____ Phone # _____

Address _____

Hospital (with address) Preference _____

Does your child have any allergies, compromised health issues or special needs for staff to be aware of? Please explain in detail. _____

TLC Preschool Permission Forms

Medical Consent

I consent for my child _____ to use all school play equipment and to participate in all preschool activities. I give permission for the staff to obtain emergency medical care for my child if needed. I understand that after attempts to contact parents and emergency contacts, the child's physician will be contacted. The child may be transported to a medical office or hospital by a staff member or ambulance. I understand that any expenses incurred are the responsibility of the child's family. TLC Preschool is not responsible for any incidents as a result of false information provided, or as a result of information which has not been updated.

Signature _____ Date _____

Photography Permission

I consent for TLC Preschool to photograph my child _____ and to possibly use photos for promotional or publicity for the TLC Preschool program. I will be notified if my child's name is included with a photo that could be used in a web, print or video publication.

Signature _____ Date _____

Personal Information Release

I consent for TLC Preschool to distribute information such as names, address, phone numbers and email to other families in the preschool for a directory.

Signature _____ Date _____

Field Trip Permission

I consent for my child _____ to leave school premises under the supervision of TLC staff members. This includes, but is not limited to, neighborhood walks, trips to the playground and field trips in vehicles driven by staff members or parent helpers. My child will be secured in an appropriate child safety seat provided by myself or one that is already installed in a field trip driver's car. My child will be restrained by either the child safety seat straps or the seat belt straps, depending upon the type of seat. I understand that vehicle and driver's license information has been provided by all parent helper drivers and that every precaution will be taken to ensure the health and safety of my child.

Signature _____ Date _____

Vehicle and Driver Information

TLC Preschool requires that all field trip drivers have adequate motor vehicle insurance and appropriate car seat and seat belt for each child as required by current state law. All drivers are required to have a valid driver's license.

Vehicle Insurance Company _____

Vehicle Insurance Policy # _____

Vehicle License Plate # _____

Driver's License # _____ Expiration Date _____

Health and Physical Record

The State of Colorado requires that each child must have an annual health exam. This form must be completed by the child's health care provider and returned within 30 days of enrollment. **A copy of your child's immunization record or exemption is also required.**

Child's Name _____ DOB _____ Male ___ Female ___

Address _____ Home Phone # _____

Please note any illnesses the child has had:

___ Chicken pox ___ Measles ___ Scarlet fever

___ Mumps ___ German measles ___ Rheumatic fever

___ Whooping cough ___ Strep throat ___ Other, specify _____

Contact with tuberculosis ___ Yes ___ No Tuberculin test given? _____

Does this child have any allergies? If yes, to what substance? _____

Any drug reactions? _____

Please list any regular prescription or OTC medications _____

Any special conditions or issues to be aware of _____

Overall findings of health exam _____

Vision (if tested) _____ Hearing (if tested) _____

Comments/recommendations to preschool staff _____

Date of Physical _____

Physician's Signature _____

General Information

Please provide the following information in order for our staff to better understand your child and their needs.

Child's Name _____ DOB _____

Are parents married, divorced or never married? _____

If divorced or separated, how recently has this occurred? _____

If parents are living apart, please describe the custody plan and living arrangements for your child _____

Is your child adopted? _____ If so, has this been explained to your child and how? _____

Please list all family members living in the home and their relationship to your child.

Please list any pets and their names _____

Have there been any recent major changes in your child's life, such as a divorce, move, death, birth of a sibling, etc.? _____

Please describe your child's personality and temperament _____

How do they respond to new situations? _____

How does your child deal with frustrations or limitations? _____

Does your child have any specific fears? _____

Does your child have any dietary restrictions and/or food allergies? Please specify. _____

Please describe your child's eating habits (slow, good eater, very picky, eats no fruit, likes many things, etc.) _____

Does your child have any other allergies, such as animals, latex, etc., that we need to be aware of? _____

Is your child receiving any special treatment or therapy, such as speech therapy, sessions with a counselor or psychiatrist/psychologist, physical or occupational therapy, etc.? If so, please specify the type and reason. _____

Please give us any additional information about your child that we would enjoy knowing or that would be helpful for us. _____

What do you hope for your child to gain from their preschool experience with us? _____

Thank you for your help in providing us with the above information. The information is used solely as a tool in becoming acquainted with and understanding your child.

Agreement to TLC Policies and Procedures

- _____ 1. I understand that parents are responsible for payment of tuition on time. A late fee of \$10.00 will be added to tuition bills not paid by the due date.
- _____ 2. There is no reduction of tuition fees for absences, illness or vacations, except in the case of an extended illness. Please notify the Director in this instance.
- _____ 3. Please notify the Director of changes of address, phone or emergency information.
- _____ 4. Current medical/immunization information is required to maintain enrollment.
- _____ 5. Children are to be escorted to and from the school by an adult, as well as signed in and out each day. Children are to be picked up from preschool on time.
- _____ 6. Children with a fever, vomiting or diarrhea in the previous 24 hour period should not be at school. Please be considerate of others and also keep your child home if they have extreme coughing, very runny nose and just really are “not themselves”.
- _____ 7. Please notify the Director two weeks in advance if the child is to be withdrawn from school.
- _____ 8. If, after a reasonable period of time, the child is unable to adjust to the preschool, TLC Preschool reserves the right to request withdrawal of the child.

Complete TLC Preschool policies are included in the Parent Handbook received by each family. Please refer to that document for details, or contact the Director with questions.