

Admission Date \_\_\_\_\_

Room # \_\_\_\_\_

Discharge Date \_\_\_\_\_

2023-2024

**RESURRECTION PATHWAYS ENROLLMENT FORM**

Resurrection Lutheran Church, 9907 Sappington Rd. St. Louis, MO 63128

Date: \_\_\_\_\_

Fill out this enrollment form and return it to the Early Childhood Office. Please use black ink and fill out the entire form, putting a mark through any lines that don't apply to you.

**CHILD'S** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Circle One... GIRL BOY

**MOTHER'S** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**FATHER'S** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, NOTIFY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

**PERSONS, OTHER THAN THOSE ABOVE, AUTHORIZED TO TAKE CHILD FROM SCHOOL:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Who is the child presently living with? \_\_\_\_\_

**Please Complete Back**

Other children in the family: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Serious Illness or Special Concerns: \_\_\_\_\_

What Church does your family attend? \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor/Priest Name: \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_

How did you hear about Resurrection Early Childhood Program? \_\_\_\_\_

**AGREEMENTS:**

- A. When my child is ill, I understand and agree that my child may not be accepted for care.
- B. When withdrawing my child from enrollment, I understand that a 30 day notice, in writing, must be given to the director and I am responsible for payment of tuition for that 30 days.
- C. I have been informed via "Notice of Parental Responsibility" for of the required health and safety inspections and that the inspection forms are available for review in the Early Childhood Office.
- D. I have been informed that I may request notice at any time of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Parent or Guardian's Signature: \_\_\_\_\_

Please indicate for which day(s) you are enrolling your child. Note that half day sessions of Pathways are only available to children who are also enrolled in our preschool program.

**FULL DAY**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

**HALF DAY (Room 4, PS age only)**

Monday P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

Tuesday P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

Wednesday P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

Thursday P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_

Friday P.M. 11:30-3 \_\_\_\_\_ 12:30-3 \_\_\_\_\_