STUDENT APPLICATION School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**

 Child's Name:

Program:

 🞎 3day (T-W-Th)

 🞎 5day

 Address:

 (Street) (Unit #)

 (City) (State) (Zip Code)

 Birth Date: Age: 🞎 Boy 🞎 Girl

Parents'/Guardians’ Name(s):

Home Phone: Home Phone:

Work Phone: Work Phone:

Mobile: Mobile:

Emergency contacts:

1. Name: Phone: Relationship to child:

2. Name: Phone: Relationship to child:

3. Name: Phone: Relationship to child:

**PICK-UP INFORMATION**

Please list people who may pick up your child:

1. Name: Relationship to child:

2. Name: Relationship to child:

3. Name: Relationship to child:

Is there a court order on record listing anyone who should not pick-up your child? 🞎 No 🞎 Yes

 If yes, please list:

**CONSENT AND RELEASE FROM LIABILITY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in all activities of the Laurel Oak Christian Preschool and to be transported by church bus or private car when necessary. I understand all activities will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Laurel Oak Christian Preschool, the sponsors, and the owner and/or driver of the vehicle providing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of those in charge. This consent and release is in effect until I give the Laurel Oak Christian Preschool written notice to the contrary.

 Parent's Signature: Date:

**PHOTO AND DISPLAY PERMISSION**

During the year, we would like to use photographs of your child. These photos will be used on bulletin boards, presentations and slide shows, and on the preschool/church web site. Work done by the student may also be displayed within the church. The student’s name will not be used on the website or promotional materials but may be visible on work done by the student displayed within the preschool/ church building.

 🞎 Laurel Oak Christian Preschool has permission to use my child's picture and work for bulletin boards, presentations and slide shows, the preschool/church website, and other promotional purposes.

 🞎 I deny the use and display of any photography of my child by Laurel Oak Christian Preschool.

 🞎 I deny the use and display of any work of my child by Laurel Oak Christian Preschool.

 Parent's Signature: Date:

**ATTACHMENTS**

Please attach a copy of the following:

 🞎 your child's immunization record

 🞎 your child’s birth certificate

 🞎 non-refundable $20 registration fee

**MEDICAL CARE PERMISSION**

In the event of injury or illness during the school day or any sponsored activity of Laurel Oak Christian Preschool, I hereby authorize emergency medical care/first aid treatment as needed for my child. Preschool staff will provide medical care as needed if parents cannot be reached. This permission is in effect until I give Laurel Oak Christian Preschool written notice to the contrary.

 Parent's Signature: Date:

Health Insurance Company: Subscriber’s Name:

Policy Number: Ins. Co. Emergency Phone #:

**MEDICAL INFORMATION**

 Please provide the following information about your child.

 Yes No

 🞎 🞎 Required to take medication.

 Reason and how often?

 🞎 🞎 Surgery and/or serious illness within the past 3 years.

 Explain.

 🞎 🞎 Currently under a doctor’s care for treatment of a medical issue.

 Explain.

 🞎 🞎 Known allergies or allergic reactions to medications.

 Explain.

 🞎 🞎 Medical needs.

 Explain.

 🞎 🞎 Health concerns.

 Explain.