



## ELC STUDENT REGISTRATION

Child's Name \_\_\_\_\_ (Preferred) \_\_\_\_\_ DOB \_\_\_\_\_

Gender \_\_\_\_\_ Best Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Parent's Name** \_\_\_\_\_ Best Phone # \_\_\_\_\_

Address \_\_\_\_\_ Same as student? \_\_\_\_\_

**Primary Email** \_\_\_\_\_ (required for billing)

**Secondary Parent's Name** \_\_\_\_\_ Best Phone # \_\_\_\_\_

Address \_\_\_\_\_ Same as student? \_\_\_\_\_

**Secondary Email** \_\_\_\_\_ (additional)

Marital Status \_\_\_\_\_

List the names and ages of other children in the household (ex: name - age)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have allergies or health conditions documented on the **Child's Health History** form attached? \_\_\_\_\_ Allergy \_\_\_\_\_

**Primary Emergency Contact** (other than the parents) **Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Authorized Pick-up Persons	Phone #	Relationship (Include one non-family member)
1.		
2.		
3.		
4.		
5.		

Do you have a church home? \_\_\_\_\_ Church Name \_\_\_\_\_



## ELC CLASS & CHILDCARE SELECTION

*BSLC ELC*

Child's Name \_\_\_\_\_ (Preferred) \_\_\_\_\_ DOB \_\_\_\_\_

### SCHOOL CLASS SELECTION: Please indicate your desired school class:

Children in school are required to be **3 yrs old** and **completely potty trained** (see below).

**My child WILL NOT attend school** \_\_\_\_\_

**My child is POTTY TRAINED** \_\_\_\_\_

**T/Th Preschool** (3/4 yrs) 9:00-12:00 pm \$248 mo (\$2356 yr) \_\_\_\_\_

**M/W/F Preschool** (3/4 yrs) 9:00-12:00 pm \$308 mo (\$2926 yr) \_\_\_\_\_

**M-F Pre-Kindergarten** (4/5 yrs) 9:00-12:00 pm \$395 mo (\$3753 yr) \_\_\_\_\_

**M-F Jr. Kindergarten** (5/6 yrs) 9:00 am-1:00 pm \$495 mo (\$4703 yr) \_\_\_\_\_

### CHILDCARE SELECTION: Please indicate your desired childcare schedule:

Children in childcare are required to be **2.5 yrs old** and **completely potty trained** (see below).

**My child WILL NOT attend childcare** \_\_\_\_\_

**My child is POTTY TRAINED** \_\_\_\_\_

**MONDAY** \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

**TUESDAY** \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

**WEDNESDAY** \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

**THURSDAY** \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

**FRIDAY** \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

#### CHILDCARE RATES

HOURS	RATE
Up to 4 hrs	\$46
4-6 hrs	\$58
Over 6 hrs	\$64
Reg Fee	\$75

*Childcare is a State Licensed facility open Monday through Friday from 7:30 am to 5:30 pm and acts as both wrap-around care for students whose parents work and need care in addition to their class schedules, and for those who are not old enough to attend a school class but meet the childcare age and potty training requirements.*

Printed Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Your child is completely potty trained if:**

1. They do not wear diapers or pull-ups (even during nap).
2. They recognize the sensation of having to make pee or BM and are able to get to the bathroom on their own (we can still assist with wiping, if necessary).
3. They are able to pull-down and pull-up their own clothing to be independently successful in the bathroom.



**CHILD'S HEALTH HISTORY**

*BSLC ELC*

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Does your child have any life threatening or chronic medical/health conditions? \_\_\_\_\_

(If Yes, please request an *Individual Care Plan form*)

History of serious illnesses, injuries, or surgeries?

List allergies / drug reactions? \_\_\_\_\_

(If Yes, please request an *Emergency Action Plan form* if your child will need to use ongoing medication or an *Epi-Pen*)

Expected symptoms of above allergy: \_\_\_\_\_

Method of treatment: \_\_\_\_\_

Prevention: \_\_\_\_\_

(Additional information will be recorded on the *Emergency Action Plan form*)

Date of the child's last **physical exam** \_\_\_\_\_ Date of child's last **Dental exam** \_\_\_\_\_

**Name of doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Doctor's Address \_\_\_\_\_

**Name of dentist** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Dentist's Address \_\_\_\_\_

**My child will opt-out of the toothbrushing activities (required)** \_\_\_\_\_ **Initial** \_\_\_\_\_

Please list all medications your child is currently taking and the medical reason for each.

Name of Medication	Medical reason for use
1.	
2.	
3.	

Child's Name \_\_\_\_\_



**CONSENT TO MEDICAL CARE OF MINOR CHILDREN**

*BSLC ELC*

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_ to be given emergency treatment, including first aid and CPR by a trained ELC staff member at Beautiful Savior Lutheran Church ELC.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**WALKING FIELD TRIPS & PHOTOGRAPHING PERMISSION**

*BSLC ELC*

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_ to participate in walking field trips and to be photographed while attending Beautiful Savior Lutheran Church ELC. I acknowledge that this authorization will be in effect until a newly signed and dated form takes its place. I have the right to withdraw my child at any time from walking trips and photographs by amending this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

During the school year the children will have the opportunity to participate in walking field trips and emergency drills on and around the BSLC grounds and closely surrounding neighborhood. In addition, we take picture of children's activities and events often to be used in church and ELC publications, as well as educational uses in the ELC. We never post full-facing photos on social media but we do message them to parents through the classroom communication app.

Child's Name \_\_\_\_\_



**TUITION POLICY & PAYMENT AGREEMENT**

*BSLC ELC*

I, \_\_\_\_\_, have read, understood, and have asked any clarifying questions in regards to the Tuition Policy & Payment Information outlined in the BSLC ELC Parent Handbook. I further agree to make payments on time and in accordance with the Parent Handbook policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CURRICULUM STATEMENT ACKNOWLEDGEMENT**

*BSLC ELC*

I, \_\_\_\_\_, have read, understood, and have asked any clarifying questions in regards to the Curriculum Statement Information outlined in the BSLC ELC Parent Handbook. Furthermore, I am in agreement with the Correction Policy outlined in the Parent Handbook.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY PREPAREDNESS PLAN ACKNOWLEDGEMENT**

*BSLC ELC*

I, \_\_\_\_\_, have read, understood, and have asked any clarifying questions in regards to the Drills and Emergency Preparedness Plan information outlined in the BSLC ELC Parent Handbook. Furthermore, I allow my child to participate in all manner of drills outlined in the Parent Handbook.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_



## ADDITIONAL ACKNOWLEDGEMENT OF GUIDELINES

*BSLC ELC*

**State Licensing guidelines require ELC centers to have written documentation signed by parents indicating they have been informed of the following guidelines.**

1. \_\_\_\_\_ The policies and procedures of BSLC ELC have been presented to me. This information is also in the ELC Parent Handbook, which was given to me when I toured the facility or enrolled my child.
2. \_\_\_\_\_ The BSLC ELC philosophy, program and facility operations have been discussed with me. This information is also in the ELC Parent Handbook, which was given to me when I toured the facility or enrolled my child.
3. \_\_\_\_\_ I have been informed that parents are encouraged to take part in ELC activities. Activities can include class time, guest speaker or reader opportunities, worship services, potlucks, and children's programs.
4. \_\_\_\_\_ Children who attend the School will be walked to and from childcare by a childcare staff person, ELC director, or school teacher. The child's whereabouts will be tracked using the classroom communication app.
5. \_\_\_\_\_ Your child must be signed in and out each day using your **full legal signature** in the classroom communication app. You will pick up your child promptly at/or before their scheduled pick-up time. If your child remains in childcare after 5:30 pm, you will be charged a late fee of \$5 for every five minutes after 5:30 p.m.
6. \_\_\_\_\_ For the childcare center, all recent state inspection reports and notices of enforcement actions, copies of licensing visit checklists and compliance reviews, staff policies, proof of liability insurance, and tours of unlicensed childcare spaces are all available upon request.
7. \_\_\_\_\_ As an ELC, we are required to notify you that we are bound by law to protect children from being picked up by anyone who appears to be impaired in any way. Our staff will keep the child on the premises until a replacement driver can pick-up. It is our policy to call a spouse, back-up person, or volunteer to call a cab for transport. If a person appearing to be impaired leaves with and drives a child in their vehicle, we are required to call law enforcement immediately.

I, \_\_\_\_\_, have read, understood, and have asked any clarifying questions in regards to any of these additional guidelines presented here or in the BSLC ELC Parent Handbook.

Signed \_\_\_\_\_

Date \_\_\_\_\_