

LION'S DEN

ENROLLMENT FORM

DATE OF APPLICATION _____

DESIRED STARTING DATE _____

1. **CHILD'S NAME** _____ Nickname _____
2. **School Location** _____ Elementary School Attending _____
3. **Child's Birth Date:** _____ Age: _____ Gender: _____
Home Address: _____ Telephone: _____
City: _____ Zip Code: _____
4. **Please note any custody restrictions:** _____
5. **MOTHER'S NAME:** _____
Occupation: _____ Employer: _____
Work Address: _____ Work #: _____ Work Hrs.: _____
Home Address: _____ Home #: _____
6. **FATHER'S NAME:** _____
Occupation: _____ Employer: _____
Work Address: _____ Work #: _____ Work Hrs.: _____
Home Address: _____ Home #: _____
7. **Persons, other than parents, authorized to pick up your child at St. Thomas More:**
Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

(Written permission must be given in advance to the Site Director if, on a particular day, you wish someone other than one of the above-authorized individuals to call for your child.)

HEALTH HISTORY

Date of last physical: 1 _____ 2 _____ 3 _____ 4 _____

Allergies: _____

Please provide an updated copy of your child's immunization record. Please provide a statement with an assessment of your child's health and health history.

Does your child have any medical history problems of which we should be aware?

Yes: _____ No: _____

Is your child on any medication that would have to be administered regularly at the school?

Yes: _____ No: _____

EMERGENCY MEDICAL CARE

Doctor's Name: _____

Address: _____ Phone: _____

Dentist's Name: _____

Address: _____ Phone: _____

Hospital: _____ Phone: _____

Address: _____

Emergency contacts in the event you cannot be reached:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

PERSONAL HISTORY

Does your child have special needs: _____ Yes _____ No
If so, how can we best meet the needs of your child in our program?

Does your child need assistance with certain tasks, such as the following? (Check those that apply to your child.)

_____ Walking/Running _____ Toileting _____ Sight
_____ Communication _____ Hearing _____ Other (please explain)

Does your child have an IEP? _____ Yes _____ No
Does your child have an aid in the classroom? _____ Yes _____ No

If you have checked any individual needs, please arrange a conference with the Site Director to evaluate our ability to meet your child's needs in our program. If there is any additional information about your child that you would like to share with us, please attach that information on a separate page.

Where does your child' interest lie?

_____ Sports _____ Science _____ Art _____ Computers _____ Drama
_____ Current Events Other (please explain) _____

PARENT AUTHORIZATIONS

I give permission to St. Thomas More to transport my child to or from school, on education excursions, or on other St. Thomas More-sponsored activities.

In the event I cannot be reached, I hereby give St. Thomas More staff permission to administer first aid and/or obtain emergency medical care for my child. I expect that a conscientious effort will be made to locate my designee(s) or me. I will accept any expense incurred.

I agree on behalf of myself and my child that any claim or dispute arising out of the services provided by this contract will be settled by binding arbitration administered by the American Arbitration Association. I agree to have a court enter judgment on (and for my child approve) any award or settlement.

I give my permission for my child to be photographed on field trips and in the classroom, and understand that the photos may be used for publicity purposes.

X _____
Parent/Guardian Signature Date

X _____
Parent/Guardian Signature Date

X _____
Parent/Guardian Signature Date

X _____
Parent/Guardian Signature Date

(Please feel free to update this information at any time.)