

APPLICATION FOR ENROLLMENT

REDEEMER LUTHERAN EARLY CHILDHOOD CENTER

**920 Alta Lane
Olathe, KS 66061
(913) 780-9912**

All of these forms must be completed in their entirety. This means a current physical that is signed by your doctor on the KHDE form included. The page on emergency care must be notarized. (Most banks have a notary.)

Registration Fee \$60.00 (this is to cover their supplies and field trips)

This must be paid in full to reserve a space.

3 day program is \$1,260 (\$140 monthly) and 2 day program is \$1,017 (\$113 monthly)

The first tuition payment is due on August 15th

NAME _____ Boy ___ Girl ___ Goes by _____
(last) (first) (middle)

STREET _____
ADDRESS _____ Phone _____
_____ Cell Phone _____
(city) (state) (zip)

DATE OF BIRTH _____ AMOUNT PAID _____
(month) (day) (year)

Father's Name _____
Employed by _____ Business Phone _____

Mother's Name _____
Employed by _____ Business Phone _____

Other Children in the family and ages _____

Child lives with Both Parents _____ Mother _____ Father _____ Guardian _____

Guardian's name (if other than parents) _____

Relationship to child _____

(Address) (Employed by) (Business Phone)

Name of person to be called to pickup child if parents can't be reached:

Relationship to child _____

Address _____ Phone _____

Physician (to be called in case of emergency) _____

Address _____ Phone _____

Name of person authorized to take your child from school other than parents:

Phone: _____ Relationship: _____

Phone: _____ Relationship: _____

Signature of parent or guardian _____ Date _____

FAMILY AND SOCIAL HISTORY

Family Name _____ Date _____

Father _____ Mother _____

Children:

Name	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital status of child's parents:

Married, living together _____ Separated _____ Divorced _____

Church Preference: Father _____ Mother _____

Name and address of church in which membership is held:

Is your child baptized? _____

Where? _____ Date of Baptism _____

Has your child had any previous group experiences, such as Sunday School or Preschool? _____

Where? _____

Does your child get along with:

Parents? _____

Brothers and sisters? _____

Other children in the neighborhood? _____

Has your child received extensive care by persons other than yourself? _____

By whom? (i.e., babysitter, daycare, grandparents) _____

Does your child need help in

Dressing _____ Undressing _____ Washing Hands _____

Toileting _____ Eating _____

Does your child have any special problems or fears? _____

Other concerns regarding your child: _____

Signed _____ Date _____

Please briefly describe your child.

What does your child enjoy doing?

Are there any special problems, food allergies or disabilities we should know about?

What do you see as your child's strengths?

What do you see as your child's weaknesses?

What other information about your child, their family and friends would be helpful for us to know?

Do you have any concerns?

Please place a check mark by any statement that describes your child. Briefly explain.

- Problem with growth, height or weight.
- Poor eating habits.
- Toilet training problems.
- Trouble sleeping
- Health problems, stomachaches, earaches, other pains.
- Trouble seeing.
- Trouble hearing.
- Poor listening skills.
- Speech problems.
- Trouble understanding simple directions.
- Seems clumsy walking and running.
- Seems clumsy with their hands.
- Disobedient.
- Has temper tantrums.
- Shows aggressive behavior at times.
- Is fearful or worries a lot.
- Prefers to play alone.
- Seems immature for their age.
- Trouble sitting still.