



INFANT/ TODDLER/ 2-YEAR OLDS APPLICATION FOR ADMISSION 2022-2023

FOR OFFICE USE ONLY

Start Date: _____

Registration

Special Events

Infant Deposit

Sibling Discount

Chk # _____

Amount _____



Student Information:

Child's Complete Name _____ Prefers to be called _____ Gender _____ Birth or Due Date _____

Complete Home Address _____

Child lives with: (check) Mother Stepparent Other _____
 Father Legal Guardian

Parent/Guardian Information: (if address is different than above, please list)

Please "★" primary phone

Father/ Legal Guardian Name _____

Complete Home Address _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

Mother/ Legal Guardian Name _____

Complete Home Address _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

WHO DO WE CALL FIRST IN CASE OF EMERGENCY? _____

SIBLINGS AT REDEEMER? (Please list names)

Programs:

Requested Days of Care:

Mon Tues Wed Thurs Fri Approx. drop off/ pick up _____

Age Group:

Infant
 Mobile
 Non-mobile

Toddler
 12-18 Months
 18-24 Months

Two
Is your child potty trained?
 Yes
 No
 Working on it

AGE AT START DATE: _____

Billing Information:

Primary Responsible "bill to" person: _____

Address: _____ Primary Phone: _____

I agree to pay the tuition presented to me on Redeemer's Financial Commitment form. I understand that if my account is referred to an attorney for collection, upon said referral I agree to pay attorney's fees in the amount of thirty-three and one-third (33 1/3 %) of the total outstanding indebtedness (which includes, but is not limited to, principal, accrued interest and late charges) then due, and all costs of collection. I agree to pay the aforesaid attorney's fees and costs of collection whether or not the attorney files suit.

Signature

Date

Emergency Information:

Allergies & Medical Conditions: *(intolerance to food, medication, asthma, seizures, etc.)*

Child's Physician: _____ Phone Number: _____

Hospital Preference: _____

Child's Dentist: _____ Phone Number: _____

Emergency Contact/Authorized Pick-Up Information: *(in the event parents cannot be reached)*

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Additional Person(s) Authorized to Pick up Child

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Person(s) **NOT** Authorized to **PICK UP** Child ***

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

****Appropriate paperwork such as divorce decree shall be attached if a parent is not allowed to pick up the child.*

Is there a custody order affecting this child? Yes No

*(If yes, we must have a **certified copy of the court order.**)*

General Questions

What is your church affiliation? _____

Are you actively involved? Yes No

How did you hear about our facility? _____

Name of prior childcare or preschool facility _____

Dates Attended _____

Redeemer Lutheran Child Development Center admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its educational policies, admissions policies, and other school programs.

In order to ensure your child is getting the most out of his/ her time with us, please share any additional information which may help us work more effectively with your child. Please include

any developmental delays or current therapies your child is working through. (Feel free to use an additional sheet of paper if necessary.)

Agreements / Consents:

- The parent(s) / guardian(s) give authorization for the child to participate in all activities. Yes No
- I / We understand that even with the best supervision, injuries are still a possibility. I / We agree to hold harmless Redeemer Lutheran Child Development Center, its school board, employees and representatives from any injury or damage which may occur during school sponsored activities. Yes No
- The parent(s) / guardian(s) give permission for the child to be photographed or videotaped by the school during parties and other school activities. These pictures may be used in advertising venues, website and in the yearbook. Yes No
- Redeemer Lutheran Child Development Center agrees to notify the parent(s) / guardian(s) whenever the child becomes ill. If the parent(s) / guardian(s) cannot be reached, the center will call emergency contacts. Yes No
- The parent(s) / guardian(s) agree to pick up the child as soon as possible when notified of an illness. Yes No
- The parent(s) / guardian(s) agree to provide Redeemer with the following information:
a) copy of birth certificate b) copy of child’s immunization records. Yes No
- The parent(s) / guardian(s) authorize Redeemer to obtain immediate medical care for their child if any emergency occurs when the parent(s) / guardian(s) cannot be reached by phone. Yes No
- The parent(s) / guardian(s) authorize the distribution of parent’s email address and/or telephone number to other parents of children enrolled in Redeemer Lutheran Child Development Center. I understand that the address and phone number will not be given out for commercial purposes. (Most often for birthday party invitations.)
 Yes No

I have read, reviewed and had the opportunity to ask questions regarding this application for admission to Redeemer Lutheran Child Development Center and wish to make application for my child. My **NON-REFUNDABLE** registration fee is enclosed. Applications submitted without the registration fee will be returned.

Signature of Parent or Guardian

Date