

**Student Information/Health/Permission Form
Christ Lutheran Church Preschool**

Student Information:

Date: _____

Child's Name _____ DOB _____

Name your child goes by _____ Home Phone _____

Address _____

Email Address to use for Child/Parent Communications _____

Cell Phone to use for Child/Parent Communications _____

Mother's Information:

Email address _____

Name _____

Address (if different than child's) _____

Phone (if different than child's) _____ Cell Phone _____

Occupation _____ Company _____ Work Phone _____

Father's Information:

Email address _____

Name _____

Address (if different than child's) _____

Phone (if different than child's) _____ Cell Phone _____

Occupation _____ Company _____ Work Phone _____

Who is financially responsible for this child? _____

If parents are divorced or separated, who has legal custody of this child? _____

Names and Birthdates of Siblings:

What is your family's religious affiliation or preference? _____

Family Church Membership (yes/no) – If so Where? _____

Are you interested in receiving information about Christ Lutheran Church? _____

Is your child potty trained? _____

Do you anticipate your child being potty trained by Sept. 1? _____

Child's race? _____

Previous school experience? _____

How does your child adjust to new experiences? _____

Does your child have any notable fears? _____

Emergency Phone List

In case of emergency, please contact the following individuals in the following order (these will be called **after** Home, Mother and Father cell phones and work phones):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Pick Up/ Release

I, parent or guardian of _____, gives permission to the employees of Christ Lutheran Church Preschool to release my child into the custody of the following individuals:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Health Status

Has your child been under a doctor’s care during the past year? Please explain.

Is your child currently using any medication? Please list.

Does your child have any reactions to medications? Please detail.

Does your child have any allergies? Please list.

Does your child have any special health considerations? Please explain.

Has your child been seen by a specialist? When and for what?

Do you have any concerns about **your child’s speech**, behavioral, or physical development?

Name of child’s physician: _____

Physician’s Phone: _____

Preferred Hospital: _____

NOTE: You must also have your physician fill out and sign the provided State Form (49969) Child Care Health Record and History of Immunizations. Physicals must be done within 30 days and shots up to date upon entry of school.

Medical Treatment Consent Form

Before any major medical decisions are made relative to your child, every reasonable effort will be made to contact the parent or guardian. However, medical emergencies and unavailability of parents necessitate the following consent.

I, the parent or guardian of _____, request that my child be allowed to participate in the Christ Lutheran Church Preschool.

I authorize the teacher or director who is working with my child to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of a licensed physician or surgeon.

Yes ____ No ____

Immunizations

For the health safety of all children participating in its Early Childhood Ministry and our registered ministry status with the State of Indiana, Christ Lutheran Church requires that all enrollees be immunized according to the requirements of the Zionsville Community School Corporation. These same immunizations are required in order for your children to enter kindergarten in the public school system. Free vaccinations are available from the Boone County Board of Health.

Specifically, all children must be immunized against the diseases of hepatitis B, diphtheria, pertussis, tetanus, poliomyelitis, haemophilus influenzae B, measles, mumps, and rubella at appropriate ages. The table below shows the immunization schedule recommended by the Indiana State Dept. of Health (subject to change based on current rulings).

<u>Recommended Age</u>	<u>Immunization</u>
2 months	HepB (Hepatitis B) DTaP (diphtheria, tetanus, acellular pertussis) IPV (inactivated poliomyelitis vaccine) Hib (haemophilus influenzae B) PCV (pneumococcal)
4 months	DTaP, IPV, Hib, PCV
6-17 months	HepB, DTaP, IPV, Hib, PCV, Influenza (yearly)
18-23 months	HepB, DTaP, Hib, PCV, MMR (measles, mumps, rubella), Varicella (chicken pox)
24-59 months	DTaP, IPV

In addition, it is recommended that children receive Varivax (chicken pox) and PCV (pneumococcal conjugate).

I, parent or guardian of _____, attest that my child has received those vaccinations required by the Christ Lutheran Church Preschool as detailed above.

Yes ____ No, with explanation _____

(If no, please see Director for exception forms for non-vaccination)

Photographs

I give permission for Christ Lutheran Church Preschool to photograph my child while participating in class activities at Christ Lutheran Church. I understand that these photographs may be included in newsletters, posters, Church web site or a video, ECM and Church Facebook page, and media releases. **We will not publish any photo using a child's name.**

Yes _____ No _____

Class List

I give permission for Christ Lutheran Church Preschool to **include my child's name, address** and phone number on a class list. I understand that this list will not be published or **distributed to anyone other than families participating in my child's class.**

Yes ____ No ____ Comment: _____



I have read and understand the above information

Date: _____

Signature: _____

I verify that I have reviewed the information and made changes where needed.

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____