TRINITY
Lutheran Church
PRESCHOOL

APPLICATION
TRINITY LUTHERAN CHURCH PRESCHOOL

_____ Deposit Paid

_____ Admission Date

_____ Departure Date

CHILD'S NAME_____

Birthdate_____Gender_____Male_____Female

Home Address_____Phone_____

Parent Responsible for the child_____

MOTHER_____Last 4 digits of Social Security_____

Home Address_____Phone_____

E-mail Address_____

Employer_____Phone_____

FATHER_____ Last 4 digits of Social Security _____

Home Address_____Phone_____

E-Mail Address_____

Employer_____Phone_____

Child Lives with: _____ Mother _____Father _____Both _____Other

Person/s Responsible for Tuition_____

Names and Ages of other children living in the home:_____

Other pertinent family information you wish to share with us:

EMERGENCY CONTACTS: (List two OTHER THAN PARENTS)

1. Name_____ work phone_____ home _____

   Address_____

2. Name_____ work phone_____ home_____

   Address_____

Child's Doctor:

Name_____ Phone_____

Address_____

Child's Dentist:

Name_____Phone_____

Address_____

If possible, for emergency treatment, I would like my child to be take to:_____

OPTIONAL:
Are you affiliated with a church? ___yes ___no If no, would you like information about a membership to Trinity Lutheran Church? ____

HEALTH HISTORY OF CHILD (to be filled out by parent or guardian before child is examined)

Please indicate a "yes" if your child has any of the following:

___Frequent cold, sore throats
___ Frequent earaches, ear infections
___Vision difficulties
___Speech difficulties
___Hearing difficulties
___Poor sleeping habits
___Poor eating habits
___Headaches
___ Restlessness
___Seizures
___Eczema
___Allergy
___Asthma
___Hay Fever

___Unusual Problems_____

Please indicate a "yes" if your child has had any of these diseases:

___Scarlet Fever
___Poliomyelitis
___Heart Disease
___Measles
___Pneumonia
___Kidney Problems
___Chicken Pox
___Mumps
___Whooping Cough
___Diabetes
___Other Illness
___Operations

Please indicate the dates that your child has received these immunizations; (This must be completed before admittance.)

Polio 1st dose_____
2nd dose_____
3rd dose_____
Booster_____

DPT 1st dose_____
2nd dose_____
3rd dose_____
4th dose_____
Booster_____

MMR 1st dose_____
2nd dose_____

HIB 1st dose_____
2nd dose_____
3rd dose_____

HBV(Hepatitus B)
1st dose_____
2nd dose_____
3rd dose_____

Varicella _____
_____

Pneumonia _____
_____
_____

Parents may choose to bring a physician's copy in place of this form

Please sign this form to verify accuracy

_____date_____

Current Health Insurance Provider:

Company_____

Policy Number _____

I Authorize the following people to have access to health information:

Kay Heidrich, director
Heidi Johnson, health consult for Trinity Preschool
_____, lead teacher for my child

I understand that any other staff or outside individuals would be authorized only by my express written permission below:

_____

_____

Signed date

Accreditation additions to Application/ or Developmental History Form

Race and Ethnicity Information:

In effort to be respectful and provide care that is relevant to all cultures, we ask that you provide the following information.

Confidentiality Statement: ***Provision of this information is voluntary, and will be used only in providing care to your family. This information is considered confidential and will be kept in preschool files in preschool office. Information will not be provided to any other entities and will be shared only with your child's teaching staff.***

Race/Ethnicity (please check)

- ☐ Caucasian (white)
- ☐ Black or African American
- ☐ Asian (country optional)_____
- ☐ American Indian (tribe optional)_____
- ☐ Hispanic/Latino
- ☐ Other _____

Language:

Please indicate language spoken in your home

- ☐ English
- ☐ Spanish
- ☐ Other (please indicate)_____

Which language would you prefer written communication in_____

Is there anything you would like us to know regarding your child's language or language development?_____

_____

Family Culture:

Is there any culturally relevant information that may make caring for your child the best possible experience, ie routines, rituals, involvement of extended family members?

_____

_____

_____

_____

_____

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Please rate on a scale of 1-5

I would like to be involved in my child's day to day experiences at Trinity Preschool

Very involved		somewhat involved		not all that involved
5	4	3	2	1

Is there any other information regarding your family culture that may assist in the care of your child?_____

We are a Christian Child Care center and therefore we share the message of Christ's Birth and Resurrection with children in celebrating Christmas and Easter. Are there any significant family holidays or celebrations that you would like us to share with your child's group and/or the center as a whole?