

Living Word – Early Childhood Center  
Enrollment for (**underline one**): Kid's Day Out or Preschool  
2010-2011

State Regulations mandates all spaces be addressed. If a space does not apply to you please fill in with N/A.

Child's Full Name: \_\_\_\_\_ Name Preferred: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email (This needs to be an email which you would like school information sent): \_\_\_\_\_

**Family Information:**

Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Employed by: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Employed by: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts: (We must have at least one name other than a parent or physician.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Persons authorized to take child from facility (we must have one name other than a parent)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Special Information: (Special or unusual family situations, habits, allergies, fears, special needs, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

Please complete reverse side

## Authorization for Emergency Medical Care

In the event of an emergency, a representative from the Living Word- Early Childhood Center has my permission to administer first aid in the best interest of my child. I understand that I will be notified at once in cases of an accident or illness of my child and I will make arrangements for medical care with my child's physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical attention, I authorize Living Word Early Childhood Center to seek emergency medical treatment for my child, including treatment by paramedics and transportation to a hospital of my choice, In the event of severe trauma/injury, I understand my child will be transported to St. John's Mercy Medical Center Lever I Trauma Center.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Preferred Hospital (please check one):

<input type="checkbox"/> <b>St. John's Mercy Medical Center 314-569-6000</b>	<input type="checkbox"/> <b>St. Luke's Hospital 314-434-1500</b>	<input type="checkbox"/> <b>St. Louis Children's Hospital 314-454-6000</b>	<input type="checkbox"/> <b>Other Hospital: _____ Phone: _____</b>
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### Field Trips:

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission for my child to participate in outings on the property of Living Word. I understand I will not be notified prior to each outing.

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give consent for my child to take field trips or excursions off site with this Early Childhood Center under proper supervision. It is my understanding that I will be notified when such trips are planned.

**(KDO classes do not participate in off-site trips – please mark the space N/A.)**

### Buzz Book:

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give consent for mine and my child's name, address and telephone number to appear in the school wide buzz book.

### Permission for photos:

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission for Living Word Early Childhood Center to release my child's photo for church related publications.

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission for Living Word Early Childhood Center to release my child's photo for school related purposes. (This includes the photo memory books that are given to each child at the end of the year.)

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission for Living Word Early Childhood Center to release my child's photo for church related website.

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission for Living Word Early Childhood Center to release my child's photo for church related videos.

### Agreements:

- I understand the Living Word ECC has received annual inspections by the State Health, Sanitation and Fire Departments and that these inspection forms are available for review.
- When my child is ill, I understand and agree that my child may not be accepted for care.
- I understand that my insurance is responsible for payment for emergency medical services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be filled out by LWECC office staff only:

Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_  
(Form to be retained one year after discharge)