

# Zion Lutheran Early Childhood Center

7401 Winkler Road, Fort Myers, FL 33919  
239/481-4040

## Enrollment, Emergency, and Release Form

Please Print Clearly

Child's Legal Name: \_\_\_\_\_  
Last First Middle Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male / Female Enrollment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent (Guardian) Information:

1. Mother's/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Father's/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

Custody Information: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Child will be released only to the custodial parent or legal guardian and the person(s) listed below. The following person(s) will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some Complete for all who can pickup or be contacted. (Please circle type of phone following number: H=Home, W=Work, C=Cell)

3.	_____ Name	_____ Phone Number	H W C	_____ Phone Number	H W C
	Relationship to child	_____ Phone Number	H W C	_____ Phone Number	H W C
4.	_____ Name	_____ Phone Number	H W C	_____ Phone Number	H W C
	Relationship to child	_____ Phone Number	H W C	_____ Phone Number	H W C
5.	_____ Name	_____ Phone Number	H W C	_____ Phone Number	H W C
	Relationship to child	_____ Phone Number	H W C	_____ Phone Number	H W C
6.	_____ Name	_____ Phone Number	H W C	_____ Phone Number	H W C
	Relationship to child	_____ Phone Number	H W C	_____ Phone Number	H W C

In case of illness or emergency, from those listed above, contact in the order given: (Please use the numbers associated with each name above.)

First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_ Fourth: \_\_\_\_\_ Fifth: \_\_\_\_\_ Last: \_\_\_\_\_

I realize that my child may not have sufficient physical health on a given day to attend Zion Lutheran Early Childhood Center. I agree to abide by the decision of the Center staff in such matters. I will arrange to have my child removed within one hour to the care of myself or one of the persons on the above list. I realize that failure to act promptly in such a matter may result in the permanent release of my child(ren) from enrollment at Zion Lutheran Early Childhood Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Update Date \_\_\_\_\_ Update Date \_\_\_\_\_

(Over)

## Allergies and Medical Conditions

Does your child have any allergies (food, animal, environmental) or special medical conditions? No: \_\_\_ Yes: \_\_\_

Please describe \_\_\_\_\_

### Emergency Policies

With this signed agreement, the undersigned hereby absolves the teachers, Zion Lutheran Church, Early Childhood Center, and any and all members of its governing boards of any responsibility for the safety, welfare, health, and well-being of my child \_\_\_\_\_, and assumes personally and exclusively all responsibility and liability for sickness, accident, injury, etc., which may occur to the above-named participant during the time my child is in attendance in a center activity as set forth at the beginning of the paragraph, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions.

In case of sickness, accident, or injury involving my child, I hereby give my permission to the Center to seek emergency assistance in order to transport my child to the nearest hospital for emergency medical treatment.

I give permission for the Center to secure emergency medical care in case of an emergency when I cannot be reached. I understand that the Center staff will make every reasonable effort to contact me immediately in the event of sickness, accident, or injury involving my child.

I understand that the Center shall not be responsible for the quality of emergency medical care in the event that emergency assistance is sought for my child.

In a non-life threatening emergency situation involving my child, I understand that I or someone on my emergency list will be contacted in order to give instructions to the Center staff regarding the care of my child.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### General Information

Home Church: \_\_\_\_\_ Pastor(s): \_\_\_\_\_

Address: \_\_\_\_\_ Baptized: No \_\_\_ Yes \_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Child Care: \_\_\_\_\_ Setting: Home \_\_\_ Group \_\_\_ Group Size: \_\_\_\_\_

Race/Ethnic Group: \_\_\_\_\_ Is Child Adopted? Yes: \_\_\_ No: \_\_\_ Does Child Know? Yes: \_\_\_ No: \_\_\_

#### Brothers and/or Sisters

Name	Sex	Birth Date	Name	Sex	Birth Date
_____	M / F	_____	_____	M / F	_____
_____	M / F	_____	_____	M / F	_____
_____	M / F	_____	_____	M / F	_____

**Please use your initials to confirm the following statement.**

\_\_\_ I give permission to Zion to use my child's name and/or picture for news or publicity purposes.

#### Parent Communication Commitment

I understand that in order to be informed about what is happening at the Center concerning my child, it is my responsibility to collect and read all written communications, including newsletters, memos, and payment statements and to respond promptly to these messages.

If I prefer, I understand that I may supply the Center with fifty (50) self addressed, stamped envelopes so that these communications can be mailed to my home on a weekly basis.

Parent/Legal Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_