

Prekindergarten Additional Information Form



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)		Date of Birth	Verified	Age	Grade
Church Membership (List Name and Address if Applicable)			Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many days a week would you like to have your child attend our program? K3 Options: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 K4 Options: <input type="checkbox"/> 3* <input type="checkbox"/> 4 <input type="checkbox"/> 5					
Which days of the week would you like your child to attend our program? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			What time of the day would your child be in attendance? <input type="checkbox"/> Full day (8 a.m. - 3 p.m.) <input type="checkbox"/> Half day (8 a.m. - noon)		
Has your child been enrolled in any type of preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school?			What time of day? <input type="checkbox"/> Full day <input type="checkbox"/> Half day What kind of program? <input type="checkbox"/> Day-care center <input type="checkbox"/> Home care		
What would you like your child to accomplish or achieve during his/her prekindergarten experience?					
Has your child ever had a vision test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the results?			Has your child ever had a hearing test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the results?		
Does your child have the opportunity to socialize and play with other children? <input type="checkbox"/> Often <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom Please comment:					
Does your child have a special naptime routine or schedule?					
Does your child have any fears?			Does your child have a special toy to use during nap time?		
Is your child completely potty trained? (No pull-ups or training pants) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Before- and After-School Care Program** (Optional)

Which care programs are you interested in enrolling your child?

Before-school care (6-7:50 a.m.) When will you drop off your child? ____ a.m.
 After-school care (3-6 p.m.) When will you pick up your child? ____ p.m.
 Neither

How many days a week would you like to have your child attend our program?
 1 2 3 4 5 Occasionally

Which days of the week would you like your child to attend our program?
 Monday Tuesday Wednesday Thursday Friday

Authorization

Medical Care: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
 Yes No

Field Trips: I give my permission for my child to participate in field trips and other activities during operating hours.
(Specific details will come home for each trip.)

Transported by bus: Yes No | Walking: Yes No

Insurance

Yes, I have my own insurance that covers my child in any athletic events or activities in which he/she participates. I hereby waive my rights to hold Saint Lucas Congregation, Saint Lucas Lutheran School, or its representatives responsible for any liability.

No, I do not have insurance that covers my child for athletic events or activities in which he/she participates. I waive my rights to hold Saint Lucas Congregation, Saint Lucas Lutheran School, or its representatives responsible for any liability.