

Mother's Information:

Mother/Guardian Full Name: _____

Occupation: _____ Place of Employment: _____

Address & phone number of employment:

Mother's Cell Number: _____ Mother's Work Number: _____

Mother's Email address: _____

Names/Ages of Siblings: _____

Emergency Contact (other than parents):

Name of emergency contact #1:: _____

Relationship to child: _____

Address: _____

Home phone: _____ Cell number: _____

Email address: _____

Name of emergency contact #2:: _____

Relationship to child: _____

Address: _____

Home phone: _____ Cell number: _____

Email address: _____

Authorized Pick-up Persons: Other than parents, persons who are authorized to pick up the child. If none, write (none)

Name: _____

Relationship to Child: _____

Address: _____

Phone: (____) _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: (____) _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: (____) _____

How did you hear about Mount Olive Christian Preschool? _____

Religious Affiliation: _____ Member At: _____

Is your child baptized?: _____ Date: _____ What Church?: _____

Would you like to learn more about Mount Olive Lutheran Church? ____ Yes ____ No

Would you like to learn more about Mount Olive Lutheran School? ____ Yes ____ No

Physician/Medical Facility Information:

Name of Child's Doctor/ _____

Address/Phone Number of Doctor:

Preferred Hospital and Address/Phone Number:

Describe any allergies or other special physical or emotional needs your child may have

Does your child currently take any medications? _____

Does your child have any food allergies?: _____

Does your child have any medical conditions or physical limitations?: _____

Yes No I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately

Permissions/Authorizations:

Yes No I give consent for pictures of my child to be used for display in the church/ school

Yes No I give consent for my child's pictures to be used for advertising purposes (Facebook, Website)

Yes No I have had an opportunity to review the policies of this childcare center and a summary of the Wisconsin Rules for Licensing Child Care Centers

Yes No I give permission for my child to participate in transported or walking field trips and other activities during operating hours

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. NOTE: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center

Parent Handbook Agreement and Goals/Expectations Release

By initialing this line, _____ I acknowledge that I have read the Mount Olive Christian Preschool Parent Handbook and that I agree to abide by all policies and procedures stated therein.

Parent Signature:

_____ Date: _____

By initialing this line, _____ I acknowledge that I have read the Mount Olive Christian Preschool Goals and Expectations Handout and that I agree to abide by all policies and procedures stated therein.

Parent Signature:

_____ Date: _____

Forms/Paperwork:

By initialing this line, _____ I acknowledge that I am responsible for all paperwork to be on file before the first day of school for my child to attend. I understand that if all required forms are not completed and on file in the preschool office, my child may not attend until all paperwork is completed.

Parent Signature:

_____ Date: _____

Registration & Tuition Expectations:

By initialing this line, _____ I acknowledge that I understand that in order for my child to have a guaranteed placement into Mount Olive Christian Preschool, I must pay the non-refundable registration fee of **\$100.00**. This fee needs to be included with this form and I must indicate which days I want my child to attend.

Parent Signature: _____ Date: _____

By initialing this line, _____ I acknowledge that I must pay the first month of tuition **prior to September 6th, 2022**. I also understand that this payment is non-refundable, and if not paid by the above date, that I may forfeit my child's scheduled days for attendance.

Parent Signature: _____ Date: _____

Office Use Only:

Date of Registration Payment: _____ Cash _____ Check # _____

Registration #: _____

Date of First Month/Tuition Payment: _____ Cash _____ Check # _____

Child's First Day: _____ Last Day: _____