

Our Lady of Grace
PRESCHOOL & KINDERGARTEN

Enrollment Application

Childs' Name: _____			Sex: _____
(Last)	(First)	(Middle)	
Home Address: _____			
Date of Birth: _____		Current Age: _____	
Place of Birth: _____		Home Telephone # _____	

Parents' Information:

Name of Mother: _____
Employer: _____ Work Phone: _____
Work Address: _____ Work Hours: _____
E-mail Address: _____ Cell Phone: _____

Name of Father: _____
Employer: _____ Work Phone: _____
Work Address: _____ Work Hours: _____
E-mail Address: _____ Cell Phone: _____

Guardian (if applicable) _____
If parents are divorced or separated which parent has custody of the child? _____

Religion: _____ Name of Parish or Church: _____

Doctor's Name: _____ Doctor's Phone: _____
Dentist's Name: _____ Dentist's Phone: _____

Name of School Previously Attended: _____
Address: _____

Schedule Desired: Half Day: _____ Full Day: _____ Summer Session: _____

Parent(s) Signature(s): _____ Date: _____ Date: _____

FOR SCHOOL USE ONLY	
Date application received _____	
Date of Entrance: _____	Eligibility _____
\$100 Registration Fee: PAID _____ Date Received: _____ NOT PAID _____	

Permission Agreement

A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here.

B. I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

C. I/we grant permission for my child to be included in evaluations and pictures connected with the Day Care programs of the school.

D. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the School. (Note: It is the parent's responsibility to keep this card up to date.)
5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Have the child taken to the emergency hospital in the company of a staff member; staff vehicle; program vehicle.
6. Any expenses incurred under #5 above will be borne by the child's family.

E. The School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

F. The School will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: _____ Date: _____

(Parent or legal guardian)

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Emergency Medical Permission

Name _____ Birthdate _____

Address _____

PARENTS

TELEPHONE NUMBERS

_____ WORK: _____
HOME: _____

_____ WORK: _____
HOME: _____

EMERGENCY CONTACTS TELEPHONE NUMBERS

_____ PHONE: _____

_____ PHONE: _____

PHYSICIAN _____ PHONE: _____

DENTIST _____ PHONE: _____

LAST DPT: _____ ALLERGIES: _____

MEDICATIONS: _____

OTHER SIGNIFICANT MEDICAL INFORMATION _____

I give permission to OUR LADY OF GRACE SCHOOL to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of _____ (Parent/Guardian).

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE: _____ SIGNATURE: _____
(Parent/Guardian)

**To be kept by telephone and taken on all field trips. Programs providing transportation should carry duplicate set in vehicle.*

**Be sure you keep this information up to date at all times. Please notify the office if there is a change.*

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Permission for Another Adult to Remove Child from School

I _____ hereby give permission for my child _____
Parent's name

to be released from school to _____ in case of emergency.

_____ (Parent's Signature)

_____ (Individual's Signature)

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Field Trip Permission

Dear Parents:

Our Lady of Grace School is planning a field trip to _____.

We are planning the trip for _____ . We will leave the school at _____ and will return at _____.

Please have your child dressed according to the weather conditions.

In the event of inclement weather, we shall re-schedule the trip for another date.

Please sign the permission slip below and return it to the School Office.

=====
(Detach and return this slip to the School Office)

I give permission for my child _____ to go on a field trip to _____ on _____.

Signature: _____

Date: _____

Phone: _____



Parental Permission/Authorization Form General Permission

Dear Parents:

During the school year the children will be going on a few field trips. These trips will be in the neighborhood within walking distance.

As the year progresses, you will be notified of the other trips we will be taking. Please sign this permission ship so that your child may participate in these field trips and return it to the School Office.

I _____ hereby grant permission for my child to participate in all
Parent's Signature

in all field trips and activities away from the School grounds.

Date: _____

Phone: _____