Grace Lutheran Infant Care Application for Admissior

Date _____ **Non-Refundable, Per Student, Enrollment Fee $150**

For Office Use: Date rec'd: _____
Time rec'd: _____
EF Paid: _____

STUDENT'S Name _____ _____
Last First Middle Nickname Date of Birth

Gender: M F

Home Address _____
Street City State Zip

Desired Start Date _____

Father's Name _____

Home Address (if different from above) _____

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

Occupation _____ Employer _____

Mother's Name _____

Home Address (if different from above) _____

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

Occupation _____ Employer _____

Parent's Status ☐ Married ☐ Separated ☐ Divorced ☐ Single Parent ☐ Parent & Step Parent
☐ Father and/or Mother Deceased

Who is financially responsible for tuition and fees? _____

Who does the student live with? _____

Describe custody arrangements (if applicable) _____

_____

Please list the names and ages of any other children living in the home _____

_____

EMERGENCY CONTACT & AUTHORIZED PICK-UP PEOPLE *IF YOU CANNOT BE REACHED*

★ PLEASE PRIORITIZE THE LIST WITH ORDER OF FIRST CONTACT IN THE EVENT OF ILLNESS OR EMERGENCY

	Name(s)	Relationship to Student	Phone Number/Type
1.			
2.			
3.			
4.			

Continued on Back

FAMILY WORSHIP LIFE

The Church your family attends: _____ Pastor's Name: _____

We have no church home at this time: _____ Is your family active in your church? Yes No

What prompted your consideration of GLCCC? _____

_____

Did someone refer you to GLCCC? Yes No If yes, please list who we may thank: _____

_____

MEDICAL AND EMERGENCY INFORMATION

ALLERGIC to

FOODS: _____

MEDICATIONS: _____

Please explain or list any special information emergency caregivers should know: _____

_____

Please list all current medications your child is taking and for what purpose: _____

_____

Has your child ever had any serious illness? Yes _____ No _____ If yes, explain fully: _____

_____

Does your child have any physical or emotional difficulties? Yes No If yes, explain fully: _____

_____

If there is a life threatening injury or illness, please check your preferred hospital:

☐ Doctor's Medical Center ☐ Memorial Hospital ☐ Kaiser ☐ Other (describe below):

_____

California Civil Code 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit: Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to said minor by a dentist licensed under the provisions of the Dental Practice Act. *Pursuant to the provision above, consent is given to representatives of Grace Lutheran Church and School to obtain emergency medical, hospital or dental care for my child, _____, in the event of injury or illness while my child is at school. I agree that I am financially responsible for any expenses from this emergency care.*

Parent Signature: _____ *Date:* _____

Ethnicity of child (used only for statistical reporting), please √ one:

☐ American Indian ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other: _____

- Grace Lutheran Child Care (GLCCC) welcomes all applicants and is operated on a non-discriminatory basis, according equal treatment and access to service without regard to race, color, disability, national origin or ancestry.
- Consent is given to GLCCC to use photo images/videos of my child WITHIN the GLCCC community, i.e., newsletters, calendars, bulletin boards, etc. _____ (Parent's Initials)
- Consent is given to GLCCC to use photo images/videos of my child to be used OUTSIDE the school community, i.e. promotional brochures, social media, website, newspaper, or other media releases. I understand that my child's name will never be attached to their photo when presented to the community. _____ (Parent's Initials)

Parent Signature: _____ Date: _____