

Okolona Christian Preschool Enrollment Form 2021-2022

10801 Faithful Way, Louisville, KY 40229

Student Information:

Please PRINT NEATLY!!

Child's Name: _____ Today's Date: _____
Prefers to be called: _____ Home Phone: _____

Emergency numbers: These numbers will be called first in an emergency!! Please indicate whether they are a **Home number (H)**, a **Cell Phone number (C)** or a **Work Number (W)**.

Name	Phone	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date of Birth: ____/____/____ Current age: _____ Gender: _____

Which Class will your child be attending: (circle one) Three's Four's

Address: Street _____

City, State, Zip: _____

Child lives with: (circle one)

mom and dad mom dad other: _____

If there is a temporary or permanent custody order in place, please provide the school with a signed copy.

Home E-mail address: _____

Under no circumstances will your child be allowed to leave the property except for those names listed below:

(We reserve the right to check identification)

**If you know of a specific person who may try to pick up your child and is not allowed to, it is your responsibility to let the Director and your child's teacher know.

Please 'star' the names of those who will regularly transport your child.

PLEASE LIST PARENT'S NAMES TOO! Remember to print NEATLY!!

Name	Phone	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

You must send a dated, signed note with your child that day if they are to be picked up by someone other than their usual transportation!

For Office Use Only:

Enrollment form _____ Personal Profile Form _____ Handbook Form _____

Medical Rel. Notarized _____ Immu: _____

Reg. Fee _____ September's Tuition: _____

Confirmation Letter sent _____

PERSONAL PROFILE SHEET

Please complete this survey of your child and his/her interests. It will help us to become better acquainted with your child and assist us in meeting their needs.

First

Middle

Last

Child's Full Name: _____

Prefers to be called: _____

Be careful what you put here! ↑

This is how their name will appear on all their items at Preschool and how they will learn to write it for Kindergarten!!

Child prefers to write with which hand? _____

Allergies: (environmental or food?) _____

Health or Medical Concerns: _____

Favorite Things (toys, colors, foods, activities, people, etc.): _____

Least Favorite Things (things they do not like, anger them or that they fear)

Is there anything else that you feel we should know about your child?

How did you hear about Okolona Christian Preschool? _____

Parent (or guardian) Information:

Mother (or guardian): _____

Date of Birth: _____

Place of Employment: _____ Wk Phone: _____

Church Affiliation: _____

Father (or guardian): _____

Date of Birth: _____

Place of Employment: _____ Wk Phone: _____

Church Affiliation: _____

Student's Siblings and their ages:

Please sign in all three spaces!

PARENT HANDBOOK RECEIPT FORM

I have fully read the handbook provided to the parents/guardians and agree to follow all guidelines and policies established by Okolona Christian Preschool. I am aware of all the health requirements, discipline policies and medical emergency procedures. I agree to maintain up-to-date immunizations for my child and will provide any change of information immediately to their teacher or the Director. I agree to pay my tuition on the first school day of each month and will notify the Director immediately if there is an inability to pay my tuition.

Name

Date

Walking Trip Permission Slip

My child is hereby given permission to participate in spontaneous, walking field trips throughout the schoolyear. I understand that each trip will take place on church grounds, will be weather permitting and that my child will always be accompanied by their teachers.

Name

Date

Communications Release for Minors

(Children under age 18)

I am an adult over the age of 18 years and I am the parent or legal guardian of _____, a minor. I have full authority and do hereby authorize Okolona Christian Church to use my child's name and display my child's image and likeness in any church publications, videos, e-mail communications and/or including the website. This authorization shall remain in effect until revoked by me or my child in writing.

Signature: _____

Printed Name: _____

Name of Child: _____

Date: _____

**AUTHORIZATION FOR
EMERGENCY MEDICAL TREATMENT**

I, _____ of _____(address),
City of _____, County of _____, State of Kentucky,
am the father/mother/legal guardian of _____ (child's name), a minor,
of _____, (child's address), City of _____, KY,
_____ (zip) who attends and/or participates in activities with OKOLONA CHRISTIAN
CHURCH and PRESCHOOL, located at 10801 Faithful Way, Louisville, Jefferson County, Kentucky,
40229. In the event that all reasonable attempts to contact me at _____ or
_____ (phone numbers), have been unsuccessful, I hereby give my consent for:

(1)The administration of any treatment deemed necessary by Dr. _____
(preferred physician) at _____ (phone number) or Dr. _____
(preferred dentist), at _____(phone number), or, in the event that they
are not available, by any licensed physician or dentist; and

(2) The transfer of the child to _____ (preferred hospital) or any
hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed
physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance
of such surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical
history:

- Allergies: _____
- Medication being taken: _____
- Date of last tetanus shot: _____
- Physical impairments: _____
- Birth date: _____
- Insurance Company: _____
- Policy Number: _____
- Policy Holder: _____
- Other pertinent facts to which a physician should be alerted: _____
- _____

Date _____ Signature _____

(Sign ONLY in the presence of the Notary)

Print Name _____
Relationship _____

STATE OF KENTUCKY, COUNTY OF JEFFERSON

Subscribed, sworn to and acknowledged before me in said State and County, by
_____ (father/mother/legal guardian) to be true as he/she verily believes.

IN WITNESS WHEREOF, I hereunto subscribe my name this _____ day of _____, 20____.

_____ NOTARY

PUBLIC

My commission expires: _____

Notaries are available in the church office from 8:30 a.m. to 5 p.m. - Monday through Friday.