

Registration # _____

2018-2019 Preschool Registration Form

Child's Name: _____
(Last) (First) (Middle initial)

Full Mailing Address: _____

(City) (State) (ZIP)

(Please Check) I authorize my E-mail address to be used for newsletters and teacher communication purposes. E-mail address: _____

Preferred Contact Number: _____ Alternate Contact Number: _____

Child's Birthdate: _____ Age as of Sept. 1, 2018: _____

Parent(s)' name(s): _____

Primary Home Language: (Check One) Sex: (Check One) Male Female
 English Spanish Creole Haitian-Creole Other: _____

Race: (Check One)
 White, Non-Hispanic Black, Non-Hispanic Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Multi-racial

How did you hear about us? (Check One)
 Worship Guide Print Ad/Newspaper Brochure Email/E-Update Website
 Outdoor Banner Word of Mouth Other

Preschool Program

(9:00 a.m. to 12:00 p.m.)

Indicate first preference ("1") and second preference ("2")

2 Days (Tuesday/Thursday) _____

3 Days (Monday/Wednesday/Friday) _____

(All three-year olds must be potty trained by August, 2018)

Are you enrolling another child? No Yes Age: _____

Are you a member of St. Luke's United Methodist Church? _____

Non-Refundable Registration fee of \$125⁰⁰ (payable to "St. Luke's CDC") must accompany this registration form. Written notice is required two weeks prior to withdrawing from our program. No fee required to be placed on a Wait list.

(Parent's Signature)

(Date)

For St. Luke's Use Only: Date registration received: _____ Registration received by: _____
Amount Paid: \$ _____ Check # _____

Emergency Information

Father's place of employment: _____

Work phone number: _____

Mother's place of employment: _____

Work phone number: _____

Under no circumstances will your child be released to anyone not known to the Center without authorization from the parent(s) or guardian. Authorized release forms are available in the CDC office.

Persons authorized to pick up your child: _____

Persons to be contacted in case of emergency:

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Emergency Hospital Preference: _____

My child has permission to eat store-bought snacks for special occasions. (Check One) Yes No

Any special medical or emotional problems or allergies: _____

Please list your child's siblings and ages: _____

Medical Emergency Form for 2018-2019

I/WE, _____, of
(Parent(s)/Guardian)
_____, City of _____,
(Street Address)
County of _____, State of _____ am/are
the parent(s)/or have legal custody of _____
(Student's Name)
a minor, age _____, born _____, who resides with me/
us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of St. Luke's United Methodist Child Development Center, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

Dated this _____ day of _____, 20_____.

(Parent/Guardian Signature)

Personally appearing before me, _____.

This _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

- ID provided: Personally known
 Driver's License _____
 Other _____



4851 S. APOPKA-VINELAND RD.
ORLANDO , FLORIDA 32819
407.876.1155
WWW.ST.LUKES.ORG/CDC

Video/Website/Photograph Permission Release Form

While your child is attending St. Luke's Child Development Center, there may be occasions when your child will be photographed or videotaped in our school's environment. This form is requesting your authorization for such pictures to be published or used by the ministries of St. Luke's United Methodist Church.

Date: _____

Child's Name

Signature of Parent/ Guardian

Please check one of following options and return to CDC Office.

_____ I hereby authorize publication of school activity pictures.

_____ I do not authorize publication of school activity pictures.