st LUKE'S | **CHILD DEVELOPMENT CENTER**
UNITED METHODIST CHURCH

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

Registration #_____

2017-2018 Voluntary PreKindergarten Enrollment 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, 2017: _____

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

Parent(s)' name(s): _____

Voluntary Pre-Kindergarten Program
(9:00 a.m. to 12:00 p.m.)

5 Days (Monday thru Friday)   _____ VPK Program

(5 Day VPK Program is for children who are four years old by September 1, 2017)

Are you enrolling another child? No ☐   Yes ☐ Age: _____
Are you a member of St. Luke's United Methodist Church? _____

_____   _____
      (Parent's Signature)   *(Date)*

For St. Luke's Use Only: Date enrollment received: _____ Enrollment received by: _____

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: