

**St. Lucas Preschool Information Form  
2022-2023**

Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age Now:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Hours of Employment:** From \_\_\_\_\_ To: \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Hours of Employment:** From \_\_\_\_\_ To: \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Is it alright to provide your email address to other parents?  yes  no

**Siblings:** \_\_\_\_\_ **Age:** \_\_\_\_\_ \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ **Age:** \_\_\_\_\_ \_\_\_\_\_ **Age:** \_\_\_\_\_

If child has attended St. Lucas Preschool before, who was the teacher? \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**School District you live in:** \_\_\_\_\_

**Emotional or Physical Concerns (fears, dependencies, special diets, allergies, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Services Currently Receiving (Speech, Language, Special School District, etc.):**

\_\_\_\_\_

**Please Check One:**  My Child is Toilet Trained  My Child is not Toilet Trained

**How would you like Preschool to help your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any legal issues concerning the student the school should be aware of:** (circle) Yes No  
If yes, please submit paperwork to the office

**PLEASE COMPLETE THE BACK OF THIS FORM**

**Emergency Contacts:**

**People to call in an emergency (At Least one emergency contact is required other than parents or doctor)**

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Persons Authorized to Take Child from Preschool (other than parents):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Authorization for Emergency Medical Care:**

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor/Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Website/Social Media:**

We use pictures of school activities on our website and social media pages, but never use names.

Please check one:

\_\_\_\_\_ I give the Preschool permission to use my child's picture on the website/social media

\_\_\_\_\_ I DO NOT give the Preschool permission to use my child's picture on the website/social media

**Buzz Book Permission:**

We create a Buzz Book annually for our staff and families. We include parents and students names, address, phone numbers and email addresses.

\_\_\_\_\_ I give the Preschool permission to use our family information in a Buzz Book

\_\_\_\_\_ I DO NOT give the Preschool permission to use our family information in a Buzz Book.

**Agreements: (please read and initial each one)**

- A. I have been informed of the required health and safety inspections ("Notice of Parent Responsibility" signed at enrollment time) and that the inspection forms are available for review. \_\_\_\_\_
- B. When my child is ill, I understand and agree that my child may not be allowed to attend school. \_\_\_\_\_
- C. I understand that before the first day of attendance by my child, I will provide proof of completed age appropriate immunizations or exemption from immunizations. \_\_\_\_\_
- D. I have been notified that I may request notice whether there are children currently enrolled in the preschool for whom an immunization exemption has been filed. \_\_\_\_\_
- E. I understand that the 1<sup>st</sup> tuition payment is due by the 1<sup>st</sup> day of class & all other payments are due by the 1<sup>st</sup> of each month. A \$15 late fee will be imposed after the 10<sup>th</sup> of the month. \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_