

Zion Lutheran School  
Early Childhood Education

1400 Skeel Street  
Brighton, CO 80601  
303-659-0430 Early Childhood Ed. Office  
303-659-3443 School Office  
303-659-2342 FAX

**Summer 2010**

**Application /Emergency Form**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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

State \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Child's Teacher: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

**Please give us information that can help us serve your child's special needs, allergies, etc.**

**Allergies:**

\_\_\_\_\_

**Special Notes and Precautions:**

\_\_\_\_\_

Child lives with: (please circle) Both Parents Mother Father Stepmother Stepfather Other \_\_\_\_\_

Please indicate priority for calling here



**FATHER'S NAME:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

cell or other: \_\_\_\_\_

\_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

cell or other: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Policy # \_\_\_\_\_

**Childs Name:** \_\_\_\_\_

**Pick-up Authorization List**

Listed below are persons authorized to take my child from Zion Lutheran Day Care. Only authorized persons over the age of 18 may sign children in and out of preschool or extended care. Small children may not sign out a child. (This list is a Social Services requirement.)

1. Local Emergency closing contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name	Relationship to Child	Phone
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Health Status**

A current statement of health status and completed immunization card, signed and dated by an approved health care professional, must be provided upon admission or within the specified time. For children age 3-7 the form must be renewed yearly. For older children the form must be renewed every 3 years.

Date of child's last physical \_\_\_\_\_ Attach completed health form to this application.

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**I give Zion Lutheran School, preschool and childcare authorization to obtain immediate emergency medical treatment for my child if, in their opinion, this becomes necessary.  
(I will assume any resulting expenses.)**

and use sunscreen on my child. (give direction for use) \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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# Zion Lutheran ECE

## Summer Application 2010

Date of enrollment: \_\_\_\_\_

**FULL TIME PARTICIPANT**

First Child

Additional Child

- |  |          |          |
|--|----------|----------|
| <input type="checkbox"/> For month of June (May 24 <sup>th</sup> - June 30)            | \$775.00 | \$620.00 |
| <input type="checkbox"/> For month of July (July 1 - 31, Closed July 4 <sup>th</sup> ) | \$620.00 | \$495.00 |
| <input type="checkbox"/> For month of August (August 3 - 7, Closed Aug 10-12)          | \$155.00 | \$125.00 |
- Full time students continuing into Fall will be charged Fall rates in August**
- |  |                  |                        |
|--|------------------|------------------------|
| <input type="checkbox"/> Daily Participant- Space not guaranteed | \$ 42.00 + lunch | \$30.00+ lunch         |
| <input type="checkbox"/> Weekly Participant- See sign up sheet   | <b>\$155.00</b>  | \$125.00<br>(siblings) |
- HOURLY PARTICIPANT- *Space not guaranteed, check with director for availability and to make arrangements- \$5.00 an hour+\$2.50 for lunch***

**I have read and understand the contents of this application governing the Early Childhood Education Center and authorize the staff at Zion Lutheran to:**

- allow my child to play on equipment and participate in the activities at the school.
- take my child off school property for supervised field trips in the neighborhood and by vehicle. Parents are informed of field trip locations and fees in advance. Seat belts are always used.
- Administer and discuss medication for my child according to the properly filed medication forms and delegated by the nurse consultant.
- Because of staffing, if my child does not participate in field trips, I will find other childcare for him/her during the field trip.
- I authorize staff to administer sunscreen to my child at least 3 times a day or more. We use Rocky Mountain Sunscreen, recommended by the NACEY and Colorado Childcare Association. If not I will supply sunscreen with my child's name on it for the staff to use.

**PARENTAL/GUARDIAN SIGNATURE OF CONSENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Person responsible for payment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Office Use Only*

Accountant _____ Date _____ Director _____ Date _____	Date received _____ Notified _____ Accepted / Declined	\$ _____ Date received _____
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# Parent Information

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- ◆ **An additional Registration fee of \$45.00 check payable to Zion Lutheran Daycare for Summer extended care (full time) PK-8<sup>th</sup> grade. Registration Fee is due with this application for all participants.**
- ◆ You must notify the Director if you wish to change your status. There is a \$10.00 fee for each status change you make. Without a formal status change we will continue billing at the current rate on file in the office.
- ◆ Save your monthly invoices for tax purposes.
  - **Payment for the month is due by the 15<sup>th</sup> of each month. You will be billed. If you fail to pay your bill by the 30<sup>th</sup> of the month you will not be able to return to the program until the bill is paid.**
- ◆ Positions in the Center are not guaranteed. You must re-register each session (school year and summer).
- ◆ You will be notified as to acceptance.
- ◆ **A \$25.00 non-sufficient fund charge will be billed for each returned check.**
- ◆ A handbook of all the center's policies is available in both school and ECE offices.
- ◆ Children must be 3 years of age before the first day of participation.
- ◆ Please send an extra change of clothes with your child.
- Because of staffing, if my child does not participate in field trips, I will find other childcare for him/her during the field trip.

## Parent Check List

### Do you have:

- Birth certificate
- Health form
- Current Immunizations
- Completed Application (s) if enrolling in extended care
- Registration Fee (s) if enrolling in extended care
- Emergency Forms
- Pick up authorization Forms