



Growing in GRACE II
License Number C05HE0131
2987 Commercial Way Spring Hill FL 34606
P: 352-515-5612 F: 352-515-5615

Amanda Wagoner, Director—Kati Koelpin, Director Apprentice

Application for Enrollment

Date of Enrollment _____

Program: 2-3 Year Olds VPK Childcare Wrap around service (please circle)

Days Needed: Monday Tuesday Wednesday Thursday Friday

Drop off time: _____ _____ _____ _____ _____

Pick up time: _____ _____ _____ _____ _____

Child's Last Name(s) First Name Middle Name Nickname

Date of Birth Age Sex Race/Ethnic Origin (Optional)

House Number City State Zip

Primary Phone Number

Primary Email

Custody: Both Parents Mother Father Other _____

Both parents will be permitted to pick up the child, unless we are informed otherwise in writing (custody order or other legal document). Child Lives with _____

If share custody what is your arrangement? _____



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Family Information:

Father's Last Name First Name

Home Address City State Zip

Primary Phone Number Email Address

Employer Occupation Work Phone

Mother's Last Name First Name

Home Address City State Zip

Primary Phone Number Email Address

Employer Occupation Work Phone

Name and Ages of Siblings

Family's Religion

Church Affiliation

Is your child baptized? Yes No

Are you an active member of your church? Yes No



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How did you hear about Growing in GRACE II? Has your child ever been enrolled in preschool? When?

Name of Preschool or Childcare Center

Reason for leaving? _____

Name of Preschool or Childcare Center _____

Reason for leaving? _____

Name of Preschool or Childcare Center _____

Reason for leaving? _____

Persons other than parents authorized to pick up your child from Growing in GRACE II

1. First and Last Name: _____ Phone Number: _____

Relationship: _____

2. First and Last Name: _____ Phone Number: _____

Relationship: _____

3. First and Last Name: _____ Phone Number: _____

Relationship: _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Medical Information

The following people will be contacted if parents cannot be reached and are authorized to remove the child from Growing in Grace Preschool II in care of illness, accident, or emergency.

1. First and Last Name: _____ Phone Number: _____

Relationship: _____

2. First and Last Name: _____ Phone Number: _____

Relationship: _____

3. First and Last Name: _____ Phone Number: _____

Relationship: _____



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I hereby give the staff at Growing in Grace Preschool II permission to contact the following medical personnel and/or arrange for immediate emergency medical care if warranted

Doctor's Name/Practice Phone Number

Address City State Zip

Dentist's Name/Practice Phone Number

Address City State Zip

Please list below all allergies (i.e. bee stings, food, medication) and special medical or dietary needs and describe precautions or care needed

Has your child ever had:

Asthma: Yes No Heart Problems: Yes No Seizures: Yes No

Rheumatic Fevers: Yes No Other Serious Medical Problems: Yes No If yes please list below;
along with any other special accommodation we need to make to best serve your child:

As parent/guardian, I consent to having my child receive first aid by Growing in Grace Preschool II staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature Date



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Permission Granted

Please read and initial next to each statement

____ I grant my permission for Growing in GRACE II to share the information in this application including medical information with all employees who need to know in order to provide quality care for my child.

____ I grant my permission for Growing in GRACE II to share the information in this application including medical information with all employees who need to know in order to provide quality care for my child

_____ I grant my permission for my child to participate in impromptu walks and activities on church property outside the fenced in playground.

Growing in GRACE II Handbook

____ I have received a copy of the Growing in GRACE II handbook and agree to comply with the preschool policies.

VPK Attendance Policy-for parents of children enrolled in VPK

____ I have received a copy of the VPK attendance policy and agree to comply with this policy. (VPK student's only)

Nutrition:

Lunch will be supplied by the parents for those using the wrap around services and the 2-3 year old rooms. Growing in GRACE II will provide a morning and a afternoon simple snack. Lunches need to be in a lunch box or insulated bag, labeled with child's first and last name, (not a paper or plastic bag) with an icepack inside for proper storage. Lunch and snack will be provided by the parent for children needing a special diet. If a modified diet is prescribed by a physician, the physician's order and a copy of the diet and sample meal plan will be placed in the child's record for which the parent responsible in obtaining for the Preschool.

Submit one week before enrollment:

Florida Certificate of Immunization-Immunization must be documented on the Florida Department of Health form 680 and must be signed by a practicing physician in the state of Florida.

Student Health Examination- The student health examination must be documented on for 3040 and must be completed by a person given statutory authority to perform health examinations within the past year. Upon enrollment the examination is valid for two years from the date the examination was preformed, but must have been completed within 6 months of the enrollment date or within 30 days from the first day of attendance.

Parent/Guardian Signature

Date

Director's Signature

Date



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Emergency Medical Treatment

Child's Name: _____ Date of Birth: _____

In case of serious accident or illness at school, the director and/or staff will send your child to the nearest hospital if, in his/her opinion, emergency medical treatment is required. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child(ren) is a parental one and not that of Grace Evangelical Lutheran Church, Inc. and Growing in Grace Preschool II.

Please list any special requests, medication, conditions, allergies, etc. of which we should be aware.

Family Physician: _____ Phone Number: _____

Insurance Information:

Insurance Company: _____

Group/Policy Number: _____ ID Number: _____

Subscribers Name: _____

If possible, please provide a copy of your child's health insurance card. Copies can be made in the school office.

Parent/Guardian Signature

Date

Please provide a copy of your child's birth certificate.