



# REDEEMER LUTHERAN SCHOOL

## VPK Application

The mission of Redeemer Lutheran School is to prepare a child for a responsible role in the community through intellectual, moral, physical, and spiritual development in a caring, ethical, Christ-centered environment, which is supportive of both the child and his family.

Today's Date \_\_\_\_\_

Starting Date \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Ethnic Background:

- African-American
- Native American
- Asian
- Caucasian
- Hispanic
- Other: \_\_\_\_\_

### Family Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Legal Custody:  Mother  Father  Both  Other **Child Lives With:** \_\_\_\_\_

**Church Preference:** \_\_\_\_\_

**Contacts:** Child will be released only to the custodial parent or legal guardian and the additional persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, **please check the box** if the person can be contacted and is authorized to remove the child from the facility in case of illness, accident or emergency:

1.  \_\_\_\_\_  
Name: Phone # Relationship

2.  \_\_\_\_\_  
Name: Phone # Relationship

3.  \_\_\_\_\_  
Name: Phone # Relationship

4.  \_\_\_\_\_  
Name: Phone # Relationship

Redeemer Lutheran School does not discriminate on the basis of race, color or national origin in the administration of its policies, athletic programs or other school administered activities

**Previous Preschool Experience:** Please list name of schools attended, address and length of attendance.

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**How did you hear about Redeemer?** \_\_\_\_\_

**Medical Information:** (Authorization to Consent for Treatment of a Minor Child)  
I hereby grant permission for the staff of this facility to obtain medical treatment or to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Child's Special Needs:**  
(Please list all: food or other allergies, fears, disabilities, medical or special needs, etc)

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**Medications child is currently taking:** \_\_\_\_\_

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**Redeemer reserves the right to use all school images.** (Unless notified in writing of an objection by a parent or legal guardian, photographs and video footage of students may be posted in school-produced materials including printed publications, television productions, and websites.)

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- Section 65C-22.006 (2), F. A. C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) **within 30 days of enrollment.**
- Section 402.3125 (5), F. S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Center".
- Section 65C – 22.006 (4) (c) 2. F. A. C., requires that parents are notified in writing of the disciplinary practices used at the child care facility.
- Brochure on Influenza Virus, The Flu, A Guide to Parents.

**By signing below, you verify that you have received the above information/brochures and that all information on this enrollment form is complete and accurate. I (we) also warrant that we are the guardian and/or parents of the above named child and have full right to contract on behalf of said child.**

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

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date