



Redeemer Lutheran Child Care, After School & School
6970 Mineola Rd
Englewood, FL 34224
Phone: 941-475-2631
Fax: 941-474-4149
E-mail: [redeemerchildcare@gmail.com](mailto:redemerchildcare@gmail.com)

ENROLLMENT DATE: _____

AGE GROUP: _____ HOME PHONE: _____

NAME OF CHILD: _____ FEMALE ___ MALE ___

BIRTH DATE: _____ BIRTH PLACE: _____ S.S. # _____

HOME ADDRESS: _____
Street City State Zip

PRESENT SCHOOL: _____ HOW LONG? _____

REASON FOR LEAVING: _____

PRIMARY DAYS OF CARE (Circle not less than 2): M T W TH F HOURS: _____

GUARDIAN NAME: _____ GUARDIAN NAME: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____

EMAIL: _____

Home Phone & Address if different than child. Home Phone & Address if different than child

PLEASE CIRCLE ONE: MARRIED SEPARATED DIVORCED SINGLE WIDOW(ER)

CHILD LIVES WITH: ___ Both Parents ___ Mother ___ Father ___ Grandparents

___ Other: _____

**** Any unusual legal arrangements concerning the child should accompany this application and be notarized.**

NAMES AND AGES OF BROTHERS OR SISTERS: _____

AUTHORIZED PERSONS OTHER THAN THE PARENTS TO BE CONTACTED IN CASE OF AN EMERGENCY AND CAN PICK UP YOUR CHILD FROM THE CENTER:

Name	Home Phone	Cell Phone	Relationship
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Name	Home Phone	Cell Phone	Relationship
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Name	Home Phone	Cell Phone	Relationship
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Name	Home Phone	Cell Phone	Relationship
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CHILD INFORMATION:

PLEASE SUPPLY US WITH ANY INFORMATION THAT MAY HELP US CARE FOR YOUR CHILD. (Examples eating habits, naps, temper, accidents, concerns, etc)

DOES YOUR CHILD TAKE ANY MEDICATIONS REGULARLY? If yes, please list

CHURCH MEMBERSHIP: _____
Name of Church City/State

IS YOUR CHILD BAPTIZED? _____

IF YOU DO NOT HAVE A CHURCH OR YOUR CHILD IS NOT BAPTIZED WOULD YOU LIKE OUR PASTOR TO CALL YOU? YES _____ NO _____

WHO REFERRED YOU TO REDEEMER? _____

CONSENT FOR RELEASE OF PHOTOGRAPHS:

I hereby give my consent for Redeemer Lutheran Child Care to photograph me or my children (listed below) and use the resulting photographs in publications, promotional videos, press releases, news stories, Redeemer Child Care website, and other Redeemer Lutheran Child Care events for an indefinite period of time.

Name(s) of children:

I understand that I will receive no financial reimbursement, payment, or compensation of any type from Redeemer Lutheran Child Care for the use of the mine or my child (ren)'s photograph(s) for these purposes.

Parent Signature

I ACKNOWLEDGE THAT REDEEMER LUTHERAN CHILD CARE AND AFTER SCHOOL PARTICIPATES IN AGE APPROPRIATE FIELD TRIPS. I GIVE PERMISSION FOR MY CHILD TO ATTEND THESE FIELD TRIPS. I UNDERSTAND THAT I WILL BE NOTIFIED PRIOR TO THE TRIP. _____

Parent Signature

I HEREBY MAKE APPLICATION FOR MY CHILD TO ATTEND REDEEMER. I UNDERSTAND THAT IF MY CHILD IS ENROLLED, I MUST SUPPLY THE SCHOOL WITH THE INFORMATION NEEDED TO CARE FOR MY CHILD. I MUST FOLLOW THE RULES WITHIN THE PARENT HANDBOOK. I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK, EXPULSION/ DISCIPLINE POLICY, "KNOW YOUR CHILD CARE FACILITY" HANDOUT, AND "THE FLU, A GUIDE FOR PARENTS" HANDOUT.

Parent Signature

Date

INITIAL THAT YOU HAVE READ EACH OF THE FOLLOWING FROM THE HANDBOOK. Handbook can be viewed online at www.redeemerfl-cc.com or paper copy.

TUITION POLICY (Page 5)

SHOT AND PHYSICAL FORMS (Page 7)

HEALTH POLICY (Page 8)

EXPULSION/DISCIPLINE POLICY (Page 5 & 7)

DIAPER CREAM AUTHORIZATION /APPLY AS NEEDED: (CHECK ALL THAT APPLY)

DESITIN _____

A & D OINTMENT _____

BOUDREAUX BUTT PASTE _____

Diaper Cream Authorization Parent Signature: _____ Date: _____

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