



Student Enrollment Form

Enrollment Information

Days		Hours	
M-F	MWF TTH	Full-Time	Extended Day Part-Time
		7am-6pm	8am-3:30pm 8am-12:30pm

30-day advance written notice is required prior to withdrawal. Children are considered enrolled and tuition is owed until 30 days after notification of intent to withdraw. Full tuition is due each month regardless of days attended. Registration fee is due at time of registration.

Enrollment Date _____

Child Information

Mt. Olive Lutheran Preschool enrolls children on a space-available basis without regard to race, gender, national or ethnic origin, or religion.

Name _____ Boy ___ Girl ___

DOB _____ Baptismal Date _____ Church Home _____

Home Address _____ City _____ ZIP _____

Family Information

Mother's Name _____

Mother's Phone(s) Cell _____ Cell network _____ Work _____
(to receive text messages from preschool computers)

Mother's Address _____
(if different from child)

Father's Name _____

Father's Phone(s) Cell _____ Cell network _____ Work _____
(to receive text messages from preschool computers)

Father's Address _____
(if different from child)

Preferred Email(s) _____

Please provide at least one email address for weekly emails and other notices from the Director.

Alternate Contact Persons

The following person(s) should be contacted in the event of illness or emergency if neither parent can be reached.

Name _____ Phone _____
Cell network for txt msgs _____
Relationship to child _____
Address _____

Name _____ Phone _____
Cell network for txt msgs _____
Relationship to child _____
Address _____

Authorization to Release

I give my permission to Mt. Olive Lutheran Preschool to release my child to the following person(s)

Name _____ Phone _____
Cell network for txt msgs _____
Relationship to child _____
Address _____

Name _____ Phone _____
Cell network for txt msgs _____
Relationship to child _____
Address _____

Non-Authorization for Release (if applicable)

My child is NOT allowed to be released to the following person(s), unless written or spoken notification is given to the Director/Assistant Director by me, the child's primary guardian.

Name _____ Name _____
Relationship to child _____

Thank you for choosing Mt. Olive. Please share how you learned about us.

Referral from _____ Driving by Website Facebook

Why did you choose to enroll your child at Mt. Olive Preschool? (Check all that apply)

- Christian program Academic curriculum Friendly environment
- Convenient location Positive recommendation

Medical Information

Child's Physician _____

Address _____ Phone _____

Medical History

Allergies _____
(If present, please fill out Allergy Alert form)

Special Needs _____

Existing Illness _____

Previous Serious Illness or Injury _____

Long-Term/Continuous Use Medication _____

Disabilities _____

Emergency Medical Treatment Authorization

In the event my child _____, should need emergency medical attention, I give my permission to the staff of Mt. Olive Lutheran Preschool to seek the medical attention needed, and to transport my child for emergency medical treatment.

Parent Signature _____ Date _____

Parent Verification

I, _____, certify that I am the parent/legal guardian of _____, and all information provided in this enrollment form is accurate to my best knowledge.

Parent Signature _____ Date _____

Please fill out both sides of page _____

