Our Savior Lutheran Childcare – Enrollment Form 2009-2010

1513 East Yager Lane Austin, Tx 78753 Phone: 836-9600 Fax: 836-4660
Email: osl_online@sbcglobal.net

Office use only
Level:_____ Date of Admission: _____ Date of Withdrawal: _____
After School:_____ Registration paid: _____ Check # ___ Cash ___ Credit Card ___

Child's Full Name: _____ Date of Birth: ____/____/_____

Special Permission:

Transportation: I hereby □ give □ do not give – my consent for my child to be transported and supervised by the facility's employees:
Check all that apply: □ for emergency care □ on fieldtrips □ from their public school

Field Trips: I hereby □ give □ do not give – my consent for my child to participate in field trips using school vans, rented vans, Durham buses.

Water Activities: I hereby permit my child to participate in the following water activities:
None □ Splashing pools □ Wading pools □ "Slip 'n Slide" □ Swimming pools □
Special instructions for water play: _____

Immunizations:

Pre-K 3's and Pre-K 4's:
We must have a copy of your child's current immunizations when your child is admitted.

Kindergarten thru grade 5- School Age Children:
My child attends the following school: Name: _____ Phone: _____
His/ her immunization records are on file at the school and all immunization and tuberculosis tests are current. Current vision and hearing screening records are also on file. Yes □

Health Statement: One of the following must be presented when your child is admitted to the childcare facility. Kindergarten thru Grade 5 does not need to fill this section out.

Please check only one option:

□ 1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

_____ _____
Health Care Professional's Signature Date

□ 2. A signed copy of a health care professional's statement is attached.

□ 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

□ 4. My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the childcare operation.

_____ _____
Parent/Guardian Signature Date

Name and address of health care professional: _____

_____

_____ _____ _____
Parent/ Guardian Signature Print Name Date