

**Apostles Lutheran Church Preschool**

200 Kingsway Road

Brandon, FL 33510

813-689-2571

**Student Information:**

**Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Applying for VPK: \_\_\_\_\_ Applying for 3 year olds: \_\_\_\_\_

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**Family Information:**

**Child Lives with:** \_\_\_\_\_

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

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

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

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

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ (explain below)

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**Please initial the following sections:**

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. \_\_\_\_\_ Yes, I have obtained \_\_\_\_\_ No, I have not obtained

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" \_\_\_\_\_ Yes I have received \_\_\_\_\_ No, I have not received

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by Apostles Lutheran Church Preschool. \_\_\_\_\_ Yes, I have received \_\_\_\_\_ No, I have not received

I have received information on the INFLENZA (Flu) VIRUS. \_\_\_\_\_ Yes, I have received \_\_\_\_\_ No, I have not received

I understand and approve the use of the Alternative Nutrition Plan. I will provide a nutritious lunch and drink for my child (and an afternoon snack if staying for After Care) \_\_\_\_\_ Yes, I accept \_\_\_\_\_ No, I decline

**I give my consent for the use of any photography and/or video of my child in Apostles Lutheran Church Preschool publications.** \_\_\_\_\_ Yes, I give consent \_\_\_\_\_ No, I do not consent

Your signature indicates that you have received the above items and that the information on this registration form is complete and accurate.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Contact Information:**

Your child will **ONLY** be released to the custodial parent, legal guardian and/or the persons listed below. The following people will also be contacted and are authorized to remove the child from the preschool in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work #	Home#	Cell#
Name	Address	Work #	Home#	Cell#

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**Medical Information:**

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Please list any allergies, special medical or dietary needs:

\_\_\_\_\_

Any helpful information that would ease your child's transition into preschool: \_\_\_\_\_

\_\_\_\_\_

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**Authorization for Emergency Medical Treatment**

If my child \_\_\_\_\_, should become ill or injured at  
Child's Full Name

**Apostles Lutheran Church Preschool** I understand that the Preschool personnel will:

- (1). Try to Contact me immediately and;
- (2). Try to Contact the person(s) I have designated as Emergency Contacts if I cannot be reached.

Should Preschool personnel be unable to reach me and/or the person(s) designated as Emergency contacts, I hereby grant permission for the teachers and staff of Apostles Lutheran Church Preschool to contact the referenced medical personnel; and/or transport my child to an appropriate medical facility; and/or to obtain necessary emergency medical care.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my above referenced child.

I will accept responsibility for payment of any medical services rendered.

Signature	Relationship to child	Date
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**Authorization to Remove Child(ren) from Preschool Grounds in Emergency Situations**

**I grant permission to Apostles Lutheran Church Preschool** to remove my child(ren) to a safe area, away from school property, in case of a weather or other deemed emergency situation. I understand that the Preschool personnel will:

- (1). Try to Contact me immediately and;
- (2). Try to Contact the person(s) I have designated as Emergency Contacts if I cannot be reached.

Signature	Relationship to child	Date
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Sworn to and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, State of Florida- At Large

Notary Stamp

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_ who is personally known to me; \_\_\_\_\_ who has produced valid identification: \_\_\_\_\_

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**Discipline Policies of Apostles Lutheran Preschool**

**We at Apostles Lutheran Preschool are concerned with the development of your children. In order for each child to grow to their potential, guidelines must be set and followed in the classroom.**

**We will continually reinforce acceptable behavior with positive consequences.**

**We expect children to:**

- ◆ Listen and follow directions.
- ◆ Be kind to each other in action and words.
- ◆ Respect property that belongs to the preschool or another person.

**To avoid disciplining situations, we will**

- ◆ Recognize the developmental characteristics of children at each age level.
- ◆ Set realistic expectations.
- ◆ Carefully explain what is expected.
- ◆ Provide a positive and accepting environment.
- ◆ Anticipate and attempt to prevent problem situations.

**When a child's behavior is not in line with these policies, the teacher adheres to these procedures:**

- ◆ The teacher will attempt to help the child resolve any situation through teacher/child discussion.
- ◆ The teacher will attempt to divert the child's attention by redirecting the undesirable behavior to a more constructive channel.
- ◆ Continuation of the inappropriate behavior will result in "time away" to a quiet area, in view of the teacher, giving the child time to think over the inappropriate actions.
- ◆ If necessary, we may ask parents to help in resolving continued discipline problems.

If you wish to discuss any of these policies or procedures, please contact the Preschool Director.