



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_
First Middle Last

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center \_\_\_\_\_ operation 7 a.m. to 6 p.m.

Days of week child will be in the children's center \_\_\_\_\_ Monday - Friday

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

# CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

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

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

## MISCELLANEOUS INFORMATION

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

My signature below verifies that:  
I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

HEALTH BACKGROUND (CONTINUED)

Does he/she wear glasses? yes no If yes, when are they needed? \_\_\_\_\_

Does the applicant take medication regularly? yes no If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please give any instructions or doctor's recommendations which may be helpful. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PICK-UP LIST

List names of persons with permission to remove child from the school (in addition to parents)

\_\_\_\_\_

\_\_\_\_\_

Has applicant been in previous preschool? Name \_\_\_\_\_

Do other children in the family attend LCS yes no If so please list names and grade level \_\_\_\_\_

\_\_\_\_\_

Please list names and ages of siblings who do not attend LCS \_\_\_\_\_

IN CONCLUSION

We first learned of LCS through: (Please check only one)

- Student(s) currently enrolled
- Phone book
- Sign on 4th St. N.
- Parents of LCS student
- Minister
- Newspaper
- Web Site
- Other - please explain

The two factors most influencing us to apply to LCS: (Please check only two)

- Location
- Christian teaching
- Academic reputation
- Advantages of a small school
- Discipline
- Other - please explain

## DISCIPLINE POLICY

Our school verse is Proverbs 22:6

*“Train up a child in the way he should go and when he is old he shall not depart from it.”*

Discipline means setting limits and boundaries that are governed by love and respect for each student.

Effective discipline is the result of consistency and communication between parents and teachers. Daily notes are used as a way of communication in preschool.

### Methods of Discipline

1. The first method of discipline is redirection (encouraging the child to a new interest.)
2. If redirection does not result in appropriate behavior the next step is time out where the child can think about his actions and the consequences.
3. If a child displays consistent aggressive behavior towards other students or staff members, the principal will call a conference and expulsion may be necessary.

## PARENTAL COMMITMENT TO LIBERTY CHRISTIAN SCHOOL

1. In signing this application I/we acknowledge commitment to the following:
  - a. To accept teacher and administrative authority.
  - b. To support the Christian philosophy of education as taught by LCS.
  - c. To support LCS policies as stated in this application and the student handbook.
2. To make tuition payments on schedule for the current school year.  
 If I/we choose to withdraw or are requested to withdraw the applicant from the school we are responsible to pay the tuition and any balance of fees.
3. I/we understand that all records (ex. medical) will be retained by the school until accounts are paid in full.
4. The applicant may participate in scheduled field trips.
5. I/we will provide fresh and whole grained foods when possible for lunches, and will use fruit juices or milk as a lunch beverage.
6. I/we give permission to consult the child's physician/health resource listed in case of emergency if parent cannot be reached. I/we have received a copy of the childcare facility brochure and a copy of the center's discipline policy.
7. I/we have received a copy of the LCS handbook.
8. Primary hours of care provided by LCS for my child are: From \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.
9. All information provided the school is complete and accurate.

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\_\_\_\_\_  
 Father or Legal Guardian                      Date

\_\_\_\_\_  
 Mother or Legal Guardian                      Date

*Note: If student lives with both parents, both parents must sign.*

MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, \_\_\_\_\_ Birth Date \_\_\_\_\_ School Grade \_\_\_\_\_ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital preference \_\_\_\_\_

State any specific allergies, disabilities, or restrictions \_\_\_\_\_

Date of last DPT or tetanus \_\_\_\_\_ Does the student receive medication? \_\_\_\_yes \_\_\_\_no

Type and reason for medication \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of Family dentist \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ No dentist, see doctor

Father/Legal Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Legal Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Person's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

STATE OF FLORIDA - COUNTY OF \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(print name of signer)

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

NOTARY PUBLIC  
SEAL OF OFFICE:

Personally known to me, or  
 Produced identification: \_\_\_\_\_  
(Type of Identification Produced)

DID take an oath, or  DID NOT take an oath.

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Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Personally known to me, or  
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