

*Our Lady of Grace*  
PRESCHOOL & KINDERGARTEN

## Enrollment Application

Childs' Name: _____ Sex: _____		
(Last)	(First)	(Middle)
Home Address: _____		
Date of Birth: _____	Current Age: _____	
Place of Birth: _____	Home Telephone # _____	

**Parents' Information:**

Name of Mother: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_  
If parents are divorced or separated which parent has custody of the child? \_\_\_\_\_

Religion: \_\_\_\_\_ Name of Parish or Church: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Name of School Previously Attended: \_\_\_\_\_  
Address: \_\_\_\_\_

Schedule Desired: Half Day: \_\_\_\_\_ Full Day: \_\_\_\_\_ Summer Session: \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY	
Date application received _____	
Date of Entrance: _____	Eligibility _____
\$200 Registration Fee: PAID _____ Date Received: _____ NOT PAID _____	

## Permission Agreement

**A.** I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here.

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**B.** I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

**C.** I/we grant permission for my child to be included in evaluations and pictures connected with the Day Care programs of the school.

**D.** I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the School. (Note: It is the parent's responsibility to keep this card up to date.)
5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
  - a. Call another physician.
  - b. Call an ambulance.
  - c. Have the child taken to the emergency hospital in the company of a staff member; staff vehicle; program vehicle.
6. Any expenses incurred under #5 above will be borne by the child's family.

**E.** The School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

**F.** The School will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian)

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**PRESCHOOL & KINDERGARTEN**

## Emergency Medical Permission

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

PARENTS

TELEPHONE NUMBERS

\_\_\_\_\_ WORK: \_\_\_\_\_  
HOME: \_\_\_\_\_

\_\_\_\_\_ WORK: \_\_\_\_\_  
HOME: \_\_\_\_\_

EMERGENCY CONTACTS TELEPHONE NUMBERS

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE: \_\_\_\_\_

LAST DPT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION \_\_\_\_\_

I give permission to OUR LADY OF GRACE SCHOOL to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of \_\_\_\_\_ (Parent/Guardian).

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent/Guardian)

*\*To be kept by telephone and taken on all field trips. Programs providing transportation should carry duplicate set in vehicle.*

*\*Be sure you keep this information up to date at all times. Please notify the office if there is a change.*

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## Permission for Another Adult to Remove Child from School

I \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_  
Parent's name

to be released from school to \_\_\_\_\_ in case of emergency.

\_\_\_\_\_ (Parent's Signature)

\_\_\_\_\_ (Individual's Signature)

## Field Trip Permission

Dear Parents:

Our Lady of Grace School is planning a field trip to \_\_\_\_\_.

We are planning the trip for \_\_\_\_\_ . We will leave the school at \_\_\_\_\_ and will return at \_\_\_\_\_.

Please have your child dressed according to the weather conditions.

In the event of inclement weather, we shall re-schedule the trip for another date.

Please sign the permission slip below and return it to the School Office.

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(Detach and return this slip to the School Office)

I give permission for my child \_\_\_\_\_ to go on a field trip to \_\_\_\_\_ on \_\_\_\_\_.

Signature: \_\_\_\_\_

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

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



## Parental Permission/Authorization Form General Permission

Dear Parents:

During the school year the children will be going on a few field trips. These trips will be in the neighborhood within walking distance.

As the year progresses, you will be notified of the other trips we will be taking. Please sign this permission ship so that your child may participate in these field trips and return it to the School Office.

I \_\_\_\_\_ hereby grant permission for my child to participate in all  
Parent's Signature

in all field trips and activities away from the School grounds.

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

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