

# Lion's Den Enrollment Form

Date of Application \_\_\_\_\_

Desired Starting Date \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_
2. School Location \_\_\_\_\_ Elementary School Attending \_\_\_\_\_
3. Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Please note any custody restrictions: \_\_\_\_\_
5. Mother's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_ Work Hrs.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_
6. Father's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_ Work Hrs.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_
7. Persons, other than parents, authorized to pick up your child at St. Thomas More:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Written permission must be given in advance to the Site Director if, on a particular day, you wish someone other than one of the above-authorized individuals to call for your child.)*

Health History Date

of last physical: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Allergies: \_\_\_\_\_

*Please provide an updated copy of your child's immunization record. Please provide a statement with an assessment of your child's health and health history.*

Does your child have any medical history problems of which we should be aware?

Yes No

Is your child on any medication that would have to be administered regularly at the school?

Yes No

## EMERGENCY MEDICAL CARE

Doctor's Name: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_

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

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

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

Emergency contacts in the event you cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Personal History

Does your child have special needs: Yes No

If so, how can we best meet the needs of your child in our program?

Does your child need assistance with certain tasks, such as the following? (Check those that apply to your child.)

Walking/Running	Toileting	Sight
Communication	Hearing	Other (please explain) _____

Does your child have an IEP? Yes No

Does your child have an aid in the classroom? Yes No

If you have checked any individual needs, please arrange a conference with the Site Director to evaluate our ability to meet your child's needs in our program. If there is any additional information about your child that you would like to share with us, please attach that information on a separate page.

Where does your child' interest lie?

Sports	Science	Art	Computers	Drama
Current Events	Other (please explain) _____			

Parent Authorizaitons

I give permission to St. Thomas More to transport my child to or from school, on education excursions, or on other St. Thomas More-sponsored activities.

In the event I cannot be reached, I hereby give St. Thomas More staff permission to administer first aid and/or obtain emergency medical care for my child. I expect that a conscientious effort will be made to locate my designee(s) or me. I will accept any expense incurred.

I agree on behalf of myself and my child that any claim or dispute arising out of the services provided by this contract will be settled by binding arbitration administered by the American Arbitration Association. I agree to have a court enter judgment on (and for my child approve) any award or settlement.

I give my permission for my child to be photographed on field trips and in the classroom, and understand that the photos may be used for publicity purposes.

X _____	_____
Parent/Guardian Signature	Date
X _____	_____
Parent/Guardian Signature	Date
X _____	_____
Parent/Guardian Signature	Date
X _____	_____
Parent/Guardian Signature	Date

Please feel free to update this information at any time.