



First Presbyterian Church  
Little Lambs/Mother's Morning Out  
Enrollment Form/School Year 2017/2018

**Child's Information:**

Full Name:

\_\_\_\_\_

Name Preferred:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age:

\_\_\_\_\_

Boy or Girl  
(circle)

Day Preferred: Tuesday/Wednesday/ Thursday OR Walkover from  
Preschool T/W/Th  
(circle)

**Parent Information:**

Mother

Father

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

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Place of employment: \_\_\_\_\_

\_\_\_\_\_

Work Number: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

Home Number: \_\_\_\_\_

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

\_\_\_\_\_  
Child's Siblings:

\_\_\_\_\_  
Are any enrolled in one of 1<sup>st</sup> Presbyterian's School Ministries?

(circle)

Preschool (K\_\_\_\_)      Providence (grade: \_\_\_\_\_)      Childcare (class:  
\_\_\_\_\_)

Church your family attends:

\_\_\_\_\_  
\*\*\*\*In case of emergency, who would you like us to call first?

\_\_\_\_\_  
\*\*\*\*Please note that enrollment in this program does not place you on the priority list for acceptance to the FPC Preschool. Their application period is in February also. You can reach them at 793-6283.

**No registration fee, supply fee, or Blue Slip for preschool walkovers.**

*One Time Fees: Registration Fee Due with application \$75.00—  
check # \_\_\_\_\_*

*Supply Fee of \$75.00 due with tuition in August. —check#*

\_\_\_\_\_  
*Current Blue Slip Received: \_\_\_\_\_ exp date:*

\_\_\_\_\_  
**Emergency Contact Information**

(This information will be used if neither of the parents can be contacted)

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

\_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_  
Work #: \_\_\_\_\_

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

\_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Work #: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Work #: \_\_\_\_\_

**Persons Allowed to Remove Child from First Presbyterian Little Lambs:**

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

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

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

We must have verbal or written permission from Parent/Guardian prior to releasing your child to any party. Photo identification is required before child is released to anyone other than the guardian.

**Consent to Emergency First Aid and Transportation:**

I hereby give First Presbyterian Church Little Lambs permission to obtain medical treatment for my child

\_\_\_\_\_ in the event that I am unable to be reached. Lisa Hogg and staff have my permission to transport my child by ambulance or car to an emergency center for treatment. Parent's insurance will cover the cost of the ambulance.

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical and surgical treatment can be administered to my child \_\_\_\_\_ as prescribed by the treating physician. Furthermore, I release the designated representative, and First Presbyterian Church for any liability which may arise from the giving of such medical or surgical services as soon as possible after the need arises.

It is my understanding that group accident policy for First

Presbyterian Church Children's Ministries is for excess coverage only. In the event of a claim, I must file with my insurance carrier for coverage. I further understand that as soon as I receive written explanation of benefits from my company, any unpaid charges can be filed under First Presbyterian Church Children's Ministries Group accident policy.

\_\_\_\_\_

Parent/Guardian Signature

Date

**Medical Information**

**!!!!Upon submission of application a current BLUE SLIP must be submitted!!!!**  
**(not needed for Preschool Walkovers)**

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event that your child's physician cannot be reached, another licensed physician may give emergency treatment to my child: Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Regular Medication Child Takes: \_\_\_\_\_

Special Needs: \_\_\_\_\_

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

Does your child have food allergies? \_\_\_\_\_

Please list: \_\_\_\_\_

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