



Christ Lutheran Church and School Enrollment Authorization Form

1835 N 15th ♦ Coos Bay ♦ OR ♦ 97420 ♦ 541-267-3851 ♦ fax 541-267-3331 ♦ chlucs07@yahoo.com

Child's Last Name		Child's First Name		Child's Nickname	
Date of Birth		Date Entered Care		Age at Entry to Care	
ALLERGY ALERT: Does child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies on back side of form					
Parent or Guardian Contact Information					
Name (first, last)			Relationship		
Home Address			City	Zip	
Home Phone			Work Phone		
Employer and Work Hours			Cell Phone		
Work Address			City	Zip	
Email	Religious Affiliation		Name of Church		
Name (first, last)			Relationship		
Home Address			City	Zip	
Home Phone			Work Phone		
Employer and Work Hours			Cell Phone		
Work Address			City	Zip	
Email	Religious Affiliation		Name of Church		
Is your child baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Child lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other
Parent's marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other
Are there any custodial arrangements that we need to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide legal documents if applicable.					
Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child					
Name (first, last)		Phone	Relationship		
Name (first, last)		Phone	Relationship		
Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child					
Name (first, last)		Phone	Relationship		
Name (first, last)		Phone	Relationship		
Medical/Dental Contact Information					
Insurance Provider and Policy Information (if applicable)					
Primary Physician Name			Phone		
Dental Provider			Phone		
Parent or Guardian Authorization					
Please list any restrictions to permission of the following:					
<input type="checkbox"/>	My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).				
<input type="checkbox"/>	My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).				
<input type="checkbox"/>	My child may be photographed for publicity or news purposes <input type="checkbox"/> On-site <input type="checkbox"/> Off-site				
<input type="checkbox"/>	My child may be given non-prescribed medication as indicated on the container. Please indicate which medications are approved: <input type="checkbox"/> sunscreen <input type="checkbox"/> children's pain reliever <input type="checkbox"/> antibacterial first aid cream <input type="checkbox"/> eye wash <input type="checkbox"/> antiseptic wash <input type="checkbox"/> aloe <input type="checkbox"/> tums <input type="checkbox"/> Benadryl <input type="checkbox"/> cortisone <input type="checkbox"/> diapering ointment Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current, and a permission slip is required per each medication.				

In an emergency, the child care facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature

Date

Child Information

Has your child previously been in child care? | If yes, what type of care and for how long?

Reason for requesting care

Child General Information- please include all information that will assist us in providing quality care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

Child Medical Information

Does your child have allergies? Yes No | Has your child had chickenpox? Yes No

List all allergies or other health problems, including instructions for providing best possible care regarding stated conditions. Do any of the medical conditions restrict the child's activities?

Special directions (limitations or restrictions—physical/dietary, etc)

Other Children in Home

Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender

Special Transportation Arrangements

Office of Child Care requires a written plan of the transportation arrangements between Christ Lutheran School and the school and/or child care facility for extracurricular activities. The following indicates the school and/or child care facility's transportation plan:

_____ (Child) attends _____ (school). He/she will be transported/escorted between Christ Lutheran School and the school by (check applicable type): school bus head start bus child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (**specify, ie:** work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc.)

Parent/Guardian Signature

Date