



# Mt. Olive Preschool/Sonshine Learning Center

*This packet is due back by February 27th to secure your child's spot.*

## FAMILY INFORMATION FOR STUDENT: \_\_\_\_\_

**Parent / Guardian 1:** Does Student live with this parent? Yes  No  (If **no** put address on line with \*)

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

First Name

Middle Initial

Last Name

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

**Parent / Guardian 2:** Does Student live with this parent? Yes  No  (If **no** put address on line with \*)

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

First Name

Middle Initial

Last Name

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

### **Custody / Guardianship Information**

Current marital status of Parent/Guardians: Married  Separated  Divorced   
Widowed  Single

Who has legal custody of the applicant?

Both Parents

Guardians

Other \_\_\_\_\_

If "other" please explain \_\_\_\_\_

(Note if "other", you must provide a copy of the current custody agreement for the student.)

### **Student's Brother(s) / Sister(s):**

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

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

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

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

# Mt. Olive Preschool/SLC Family Information

**Authorized to Pick-Up Student:**

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

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

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

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

**\*\*\*NOT\*\*\* Authorized to Pick-Up:**

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

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

**Ethnic Origin:** (Circle One Only) This information does not affect admission, but is required for demographic reporting purposes.

Black                      Caucasian                      Pacific Islander                      Alaskan Native                      Hispanic/Latino  
 Native American                      Asian                      Other \_\_\_\_\_

**\*\*\*Personal Information and Photo Consent Form:**

YES	NO	CATEGORY
<input type="checkbox"/>	<input type="checkbox"/>	Child's name can be printed in Christmas and Spring Programs.
<input type="checkbox"/>	<input type="checkbox"/>	Photos will be taken by teachers and staff at events and in class, to be shared on remind or yearbook in specific class.
<input type="checkbox"/>	<input type="checkbox"/>	Child's photo may appear on the church or preschool website, <i>with no name used.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Child's photo may be displayed at church services to show members what is happening at the preschool, <i>with no name used.</i> (Note: these services may be livestreamed for members who cannot attend in person)

**ADDITIONAL INFORMATION:**

\*\*\*Local Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

\*\*\*Baptized: Yes  No

We are not members of a church and would like information about Mt. Olive Lutheran                      YES  NO   
 We are not members of a church and would welcome a visit/call from Mt. Olive's Pastor                      YES  NO

# Mt. Olive PS/SLC Medical/Health

**CHILD'S INFORMATION: This form needs to be filled out completely per state regulations.**

Child's Name: \_\_\_\_\_

Gender: Male  Female  Age: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHILD'S HEALTH INFORMATION:

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Physician's Location: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

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

Office Phone: ( ) \_\_\_\_\_

Dentist's Location: \_\_\_\_\_

## CHILD'S DIET INFORMATION:

Does your child's diet require special attention or substitution?  No  Yes

Special diet instructions: \_\_\_\_\_

**\*\*\*If your child is allergic to dairy, wheat, soy, eggs, or nuts; please provide written & signed forms from your child's physician to let us know how we can best meet the needs of your child. USDA REGULATIONS REQUIRE WRITTEN DOCUMENTATION FROM THE CHILD'S PHYSICIAN in the CASE OF ANY ALLERGIES. Please attach a note of documentation with this packet. Recommended substitutions to meet nutritional requirements given by the physician are strongly encouraged.**

**\*Immunizations up to date:** NO  YES  (Records must be turned in by the first day of school/learning center).

**If your child has had any of the below illnesses, please specify the age at which it occurred:**

_____ Chicken Pox	_____ Hepatitis	_____ Mumps	_____ Scarlet Fever
_____ Diabetes	_____ Measles	_____ Tonsillitis	_____ Tuberculosis

**Has your child ever:**

Worn a hearing aid? .....	No	Yes <input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed as hyperactive? .....	No	Yes <input type="checkbox"/>	<input type="checkbox"/>
(Optional) Received counseling? .....	No	Yes <input type="checkbox"/>	<input type="checkbox"/>
(Optional) Received mental health services? .....	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

**Does your child have:**

_____ Orthopedic Problems	_____ Heart Problems	_____ Seizures	_____ Epilepsy
_____ Frequent vomiting	_____ Frequent high fevers	_____ Diabetes	_____ Stomach aches
_____ Frequent ear infections	_____ Hearing problems	_____ Asthma	_____ Allergies
_____ Vision Problems	_____ Wear glasses / contact lenses		

Is your child allergic to?

Bee Sting No  Yes  Food  No  Yes Medication  No  Yes

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

In case of allergic reaction, how should it be treated? \_\_\_\_\_

# *Mt. Olive Preschool/SLC*

## *Medical / Emergency Authorized Form*

**EMERGENCY CONTACT INFORMATION:**

**(If parent or guardian cannot be reached, please list in the order in which you would like us to call):**

1) Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2) Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**If we cannot reach the above, please contact the following:**

**Out of Town Contact:**

3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

\*\*Special instructions if your child is seriously injured or ill:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE FOR: \_\_\_\_\_**

It is understood that a conscientious effort will be made to locate myself or caregiver before action is taken. However, if it is not possible to contact myself or caregiver, I (We) authorize Mt. Olive Lutheran Preschool and Sonshine Learning Center to seek medical treatment for my child in case of an emergency. I (We) give permission to the emergency physician to secure proper treatment and to order injection, anesthesia, or other emergency treatments if I (We) cannot be contacted. In the event of a life-threatening emergency, I (We) understand that "9-1-1" will be called to take my child to my preferred hospital if possible, or the closest available facility. I (We) will accept the expenses for all emergency medical care.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\*\*Are there particular ways your child prefers to be comforted?

*All our staff here at Mt. Olive Preschool & Sonshine Learning Center are First-Aid / CPR certified. We will treat accidents and medical conditions to the best of our abilities and resources. However, if a medical condition or emergency is beyond our capabilities, appropriate actions will be taken to ensure the safety of your child.*

*\*A copy of vaccination records need to be up to date and turned in before the first day of school.*

# Mt. Olive Preschool/SLC

## DEVELOPMENTAL HISTORY

This information will help your child continue their developmental progress in the classroom and help the teacher prepare for the school year. Thank you for filling out all information completely!

**Do you currently have, or have you previously had, any concerns about your child's development in the following areas (please check the appropriate box or each area of development):**

<i>Developmental Area</i>	<i>No concerns</i>	<i>Current Concerns</i>	<i>Past Concerns</i>	<i>Please Describe any Current or Past Concerns:</i>
<i>COMMUNICATION</i>				
<i>FINE MOTOR</i>				
<i>GROSS MOTOR</i>				
<i>SELF-HELP</i>				
<i>COGNITIVE/ PROBLEM SOLVING</i>				
<i>SOCIAL SKILLS</i>				
<i>EMOTIONAL DEVELOPMENT</i>				

**Has your child had any previous childcare or preschool experience?**

**If yes: Where:** \_\_\_\_\_ **When:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

Does your child currently, or did they previously, receive early intervention or therapy services (speech therapy, occupational therapy, physical therapy, developmental intervention, nutrition services, etc.)? If so, please list the type of therapy/service and the developmental goal(s) being addressed (communication, articulation, fine motor, sensory integration, etc.)

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How does your child communicate (crying, pointing, single words, phrases, sentences)?

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Do other adults (outside the child's home) understand your child's method of communication most of the time?

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Can your child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_

The child's request word or words for using the bathroom: \_\_\_\_\_

# Mt. Olive Preschool/SLC Financial Pledge

I (We) pledge our financial support to Mt. Olive Lutheran Preschool and Sonshine Learning Center.

I (We) also accept all financial responsibility and pledge to pay the fees for all of the above costs when they are due.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## **PAYMENT POLICIES & PROCEDURES:**

**All tuition fees are due by the 1<sup>st</sup> of each month**

Make all checks & money orders payable to “Mt. Olive Preschool/Sonshine Learning Center”

**Late fee \$45.00 after the 5<sup>th</sup> / NSF \$45.00**

CASH is accepted, preferred given in **exact change** (as we do not have cash on site).

You can also pay through our app, Brightwheel. Please note we are not responsible for fees on Brightwheel.

Families may submit 1 check for multiple children. **Payments must be marked with Child’s full name.**