



MT. CALVARY CENTER FOR EARLY CHILDHOOD EDUCATION REGISTRATION 2020/2021

9321 Litzsinger Rd., Brentwood, MO 63144
314.968.2360; cece@mtcalvarylcms.org
www.mtcalvarylcms.org

CLASS OFFERINGS (Age by July 31, 2020)
Check the boxes of your days & time choices

Name _____ Birthdate _____ Primary Phone # _____

Address/Zip _____

KID'S DAY OUT	Must be 2 by 9/1/20 OR 3 after 7/31/20	Mon.	Tues.	Wed.	Thurs.	Fri.
	<i>Arrival Time</i>					
	8:15 a.m.					
	9:00 a.m.					
	<i>Pick Up Time</i>					
	12 noon					
	1:30 p.m.					
	3:00 p.m.					

PRESCHOOL- 3'S	M/W 3's Only T/TH-COMBINED CLASS, 3/4/5	Mon.	Tues. Combined class	Wed.	Thurs. Combined class	Fri. KDO
	<i>Arrival Time</i>					
	8:15 a.m.					
	9:00 a.m.					
	<i>Pick Up Time</i>					
	12 noon					
	1:30 p.m.					
	3:00 p.m.					

PRESCHOOL-4/5'S	MWF- Yr. before Kindergarten T/TH-COMBINED CLASS, 3/4/5	Mon.	Tues. Combined Class	Wed.	Thurs. Combined Class	Fri.
	<i>Arrival Time</i>					
	8:15 a.m.					
	9:00 a.m.					
	<i>Pick Up Time</i>					
	12 noon					
	1:30 p.m.					
	3:00 p.m.					

Family Church: _____ none: _____

Siblings

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

We pledge our full support of the program of Christian education provided for our child/children in the Early Childhood Program of Mt. Calvary Lutheran Church and accept our financial responsibility through tuition payments to the school.

Signature of Parents or Guardian:

_____ Date: _____

I pledge that we will provide a safe, developmentally appropriate, and supportive environment in which the Spirit of Christ abounds and learning can take place.

Sharon Marshall

Jennifer Ruessler

Sharon Marshall, Program Director

Jen Ruessler, Admin. Director

Each parent has a strong feeling of what they want and expect for their child. Please list three of your expectations:

1.

2.

3.

Admission date: _____

Discharge date: _____

2020/2021

**APPLICATION FOR MOUNT CALVARY EARLY CHILDHOOD PROGRAM
9321 LITZINGER ROAD BRENTWOOD, MO 63144 (314) 968-2360**

CHILD ENROLLMENT FOR LICENSE-EXEMPT FACILITIES

Child's Name: _____ Birth date: _____

Street Address: _____ Baptism date: _____

City, State, Zip: _____ Where baptized: _____

Primary E-mail(s): _____

IDENTIFYING INFORMATION

Mother's Name: _____ Cell: _____

_____ Phone: _____

Address (Street, City, Zip)

Employed by: _____ Hours: _____ to _____

_____ Phone: _____ E-Mail: _____

Address (Street, City, Zip)

Father's Name: _____ Cell: _____

_____ Phone: _____

Address (Street, City, Zip)

Employed by: _____ Hours: _____ to _____

_____ Phone: _____ E-Mail: _____

Address (Street, City, Zip)

EMERGENCY CONTACT(S) OTHER THAN PARENT(S) OR DOCTOR: _____ In Priority Order

Name: _____ Phone: _____

Address: _____ Cell: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE CENTER:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Mount Calvary Center for Early Childhood Education to contact the following:

Doctor/Clinic: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

FIELD TRIPS AND TRANSPORTATION : ___ I do / ___ I do not —give consent for my child to take part in field trips or excursions with this facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

PHOTOGRAPHS: ___ I do / ___ I do not —give permission for my child’s picture to be used by CECE, Mt. Calvary Lutheran Church, or in the local papers, Facebook, by CECE. No child’s name will be used.

MT. CALVARY FIELD USE: ___ I do / ___ I do not —give permission for my child to use the field behind Mt. Calvary, only, with staff supervision.

AGREEMENTS

- A. I have been informed of the required health and safety inspections, and that the inspection forms are available for my review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care or remain in care that day of school.

Parent/Legal Guardian Signature: _____ Date: _____

CHILD’S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

Any allergies, special medical conditions, including chronic health problems? _____

Any special medications and/or restrictions? _____

Is there any other information that the faculty should be aware of? _____

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the facility.

Parent/Legal Guardian Signature Date: _____