



11503 Vance Jackson San Antonio, TX 78230 Tel:(210) 696-2716 Fax: (210) 558-0572

APPLICATION FOR ENROLLMENT

General Information (please print)

Child's Name: _____ Date of Birth: _____

Child's Social Security Number _____ - _____ - _____

Baptized: () Yes () No Church: _____ City: _____

Father's Name: _____ Mother's Name: _____

Father's occupation: _____ Mother's Occupation: _____

Parent(s): ___ Married ___ Separated ___ Divorced ___ Widowed ___ Other

Child's Address: _____ City: _____ Zip Code: _____

Home Phone #: (____) _____ Parent's Work #: (____) _____ Cell #: (____) _____

Family Doctor: _____ Phone #: () _____

Persons authorized to pick up child other than parents: _____

List any other siblings in the family, their ages, school, and grade level:

Other Information:

Have you read the OSL Preschool Academy Handbook? () Yes () No

Are you willing to comply with the guidelines set forth especially with regard to ENROLLMENT POLICIES and ENTRANCE REQUIREMENTS? () Yes () No

Have you included a letter to the Board of Education stating your reasons for enrollment? () Yes () No

(Note: OSL Preschool Academy has liability insurance for each occurrence of negligence covering injury to a child)

Signature of Father

Signature of Mother

Date

CONSENT FORM

I, the undersigned, being the parent or legal guardian of the child named in the application (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of Our Savior Lutheran's Preschool Academy.

Medical Questionnaire

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes ____ No ____ (If yes, please explain) _____

Is your child allergic to any type of medication? Yes ____ No ____ (If yes, please explain)

Does your child require a special diet? Yes ____ No ____ (If yes, please explain)

Does your child have or has had ever any of the following: (Circle, and explain below)

Seizure Disorders Asthma Heart Murmur Diabetes Hay Fever Kidney Disease Other

Does your child have any other allergies? Yes _____ No _____ (If yes, please explain)

Does your child ever sleep walk? Yes ____ No ____

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity?: Yes ____ No ____ (If yes, please explain)

Medical Treatment Authorization

I understand that I will be notified in the case of medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling/ providing of necessary medical services (to include Doctors, Ambulance, EMT, etc.) in the event that my child is injured or becomes ill. I understand the church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the church in the event of any health changes, which would restrict my child's participation in any normal children's activities. I also understand that the adult supervisors reserve the right to restrict my child from an activity that they do not feel is within the physical capabilities of my child.

(Signature of Mother and Father/Guardian)

(Date)