

**Our Savior Lutheran Preschool Academy**  
**11503 Vance Jackson**  
**San Antonio, TX 78230**  
**(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

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:

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**CONSENT FORM**

I, the undersigned, being the parent or legal guardian of the child named above (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) \_\_\_\_\_

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

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

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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

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Does your child have any allergies other than medical? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain)

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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)

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**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)

**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

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date