



St. Luke's
Early Childhood
— W E E K D A Y S —

100 West 86th Street
Indianapolis, IN 46260
317-844-3399

Student Information 2019 - 2020

Date: _____

Child's Name _____ Nickname for nametags _____ M/F DOB _____

Address _____ City _____ State _____ Zip _____

Primary Language(s) at home _____ Race _____

Has your child attended school prior to St. Luke's? Yes No Name of School _____

City _____ State _____ phone : _____

Parent/ Guardian 1 Information: Primary Contact for communications (email and cell phone)

Name _____ Email address _____ Cell Phone _____

Address (if different than child) _____

Employment _____ Work Phone _____ Relationship to Child _____

Parent/ Guardian 2 Information:

Name _____ Email address _____ Cell Phone _____

Address (if different than child) _____

Employment _____ Work Phone _____ Relationship to Child _____

Parent's Marital Status: Married Separated Divorced Widowed Single Partners

Names of the Members in the Household:

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Emergency Phone List/Pick Up/Release

In case of emergency, please contact the following individuals (these will be called **after** all numbers for parents/guardians have been called).

I, parent or guardian of _____, give permission to the employees of St. Luke's ECP to release my child into the custody of the following individuals:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Health Status

Has your child been under a doctor’s care during the past year? Please explain.

Is your child currently using any medications? Please list

Does your child have any allergies? Please explain and fill out Food allergy form if needed.

Does your child have any special health considerations? Please explain

Has your child been seen by a specialist? When and for what?

Do you have any concerns about your child’s behavior, speech, behavioral or physical development?

Do they currently see anyone for this? Who and where?

Please read and sign accordingly indicating that you have read and agree to the information:

In the event that my child, _____ becomes ill or sustains injury while at St. Luke’s ECP I hereby give my permission for the school to administer first aid and/or obtain the services of emergency medical personnel. I understand that I will be contacted via phone. Should I be unavailable, those listed under emergency contacts will be called. I understand that I am responsible for any costs that may incur.

HEALTH RECORDS/SCREENINGS I understand that it is my responsibility to make sure that my child’s immunizations are current and up to date. If my child is not current on his/her immunizations and/or cannot show necessary documentation, my child will be unable to attend St. Luke’s ECP per the requirements of the Indiana Health Department. I also give permission for my child to participate in any hearing, speech, or vision screenings/evaluations provided by St. Luke’s ECP.

MEDICAL RELEASE The Health Insurance Portability and Accountability Act (HIPAA) affects the children enrolled at St. Luke’s Early Childhood Programs. Your signature below authorizes the St. Luke’s Early Childhood Programs staff members to communicate any and all health related issues of your child, with other staff members and/or medical personnel. This may be done through written and/or oral communication. By signing below, I am allowing FULL disclosure of my child’s personal health information and any medical conditions my child has while participating in St. Luke’s ECP.

PHYSICAL ACTIVITY CONSENT I hereby grant permission for my child to use all of the play equipment and participate in the activities on the school on campus. I understand that if my child uses the playground after hours, I am responsible for the safety and well-being of my child.

IMAGE RELEASE/CONTACT INFORMATION The St. Luke’s Early Childhood has a website, www.stlukesumc.com and a Facebook page. StLukesUMC– Preschool & Parents’ Day Out. Both sites are updated with new information, photos, and video. I agree that St. Luke’s Early Childhood has permission to feature images of my child on the St. Luke’s website, Facebook page, and other promotional features,

_____YES _____ NO, I DO NOT WANT MY CHILD’S PHOTO OR VIDEO TO BE USED

*Parents often request contact information of other children/families for play dates, and birthday parties. Please check yes or no regarding permission to share your email and/or contact information.

_____YES, share _____ NO, DO NOT SHARE MY CONTACT INFORMATION WITH OTHER PARENTS

I have read the information above and provided all of the requested information and paperwork.

I agree to follow the policies and procedures as outlined in the parent handbook.

Date _____ Signature _____