

Child's Last Name:	

Birthdate:

## **Enrollment Card 2023-2024**

CHILD INFORMATION		
Child's Last Name	Child's First Name	Child's Nickname
Child's Home Address, City, Zip Code		Child's Home Phone
	ease check if ANY child/parent info ged from previous registration.	Age of child on September 1, 2023:
FAMILY INFORMATION		
Primary Sponsor's First & Last Name*	DOB	Relationship to Child
Address, City, Zip Code (if different from	child's)	Email Address
Cell Phone (the last four digits will be your pin)	Work Phone	Employer
Secondary Sponsor's First & Last Name	DOB	Relationship to Child
Address, City, Zip Code (if different from	child's)	Email Address
Cell Phone (the last four digits will be your pin)	Work Phone	Employer
Martial Status: Married Single	Separated	on:
Custody or Visiting Arrangements?		New Life Church Member?
*Primary sponsor is the person who will be contacted FAMILY CONTACTS	ed FIRST in case of emergency.	
	ized to take child from facility other than pare ted on this form after verification of ID. A uniq	
1. Name:	Phone:	cell
Address:		home
Relationship to Child:	A	pproved Pick Up: ER Contact:
2. Name:	Phone:	Cell
Address:		home
Relationship to Child:	A	pproved Pick Up: ER Contact:
3. Name:	Phone: _	cell
A 1.1		home
Relationship to Child:	A	pproved Pick Up: ER Contact:

PERMISSIONS			
Public Picture Release: I hereby give do not give p distribute photographs, films, videotapes, & sound recordings of materials created for purposes of promoting the activities of NLCC	ny child, without com		I
<b>Sun Screen Permission:</b> I hereby give do not give SPF 50 Continuous Spray to be applied to my child before afterca		na Boat Kid's Ultramist Sunscreen	
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION (F	Please initial the box.	<b>.</b> .)	
In the event I cannot be reached to make arrangements for emer child to CHI St. Luke's Health and be treated by the ER physician		I authorize the person in charge to take m	у
MEDICAL INFORMATION			
Please list any existing illness, previous serious illness, injuries and h prescribed for long-term continuous use, and any other information w "none."		•	
Allergies: Does your child suffer from any allergies? If so, please sp	ecify severity (mild, r	moderate, severe) and treatment.	
Special needs: Does your child have special needs? If so, please ex	xplain.		
ADMISSION REQUIREMENTS			
A heath-care professional's statement and a current immunization redattendance at NLCCS.	cord are REQUIRED	before your child's first day in	
Immunization Record: I have provided NLCCS with a copy of	of my child's most cui	rrent immunization record.	
Health Statement: Upon initial enrollment, a signed and dated	d copy from a heath-o	care professional.	
Hearing & Vision: I have provided NLCCS with a copy of my the PreK-4.	child's hearing / visio	on screening if s/he is enrolled in	
Healthcare Professional's Printed Name		Phone	
Address		Date of child's last well-child visit	_
MARKETING - How did you hear about NLCCS?		Date of Grind's fact well offine viole	
Sign in front of NLCCS Direct Mail Parent Referra	l:		
New Life Church Internet Public School	Worksource	e Social Media	
SPONSOR'S SIGNATURE			
In acceptance of the above statements of agreement, I/we affix my/or	ur signature(s):		
Primary Sponsor's Signature	DL#	Date	_
Secondary Sponsor's Signature	DL#	Date	
I understand the Registration Fee is NONREFUN	DABLE	Initials	
Desired Start Date		เกเนตเอ	