

St. Luke's Early Learning Center

4801 Anderson Ave.
Manhattan, KS 66503
Phone: 785-539-2604

Email: centerdirector@stlukesmanhattan.org

Website: <http://stlukesmanhattan.org/elc/>

Desired Start Date: _____

Has your child previously attended a center that uses Brightwheel? YES NO

The following is needed before your child can start care:

- Student Questionnaire
- In Case of Emergency Contact
- Permission and Acknowledgements
- Off Premise Permission Form
- KDHE Authorization for Emergency Medical Care
- KDHE Medical Record
- KDHE Child Health Assessment
- KDHE History of Immunizations or Copy of Immunization Record
- Liability Release with Consent
- CACFP Enrollment/Income Eligibility Form
- \$50 Registration Fee (non-refundable)
- First Month's Tuition

Signature of **Provider**

Date

Thank you for choosing St. Luke's Early Learning Center!

Cheerfully in His service,

The ELC Board and Program Director

St. Luke's Early Learning Center Student Questionnaire

Which session are you interested in?

Start Date: _____

___ Full Day (Monday-Friday open 7:00-5:30)

Typical Drop Off Time: _____

Typical Pick-up Time: _____

___ Part Day Ages 4-5 (one year until kindergarten and potty trained)

___ MWF (9:00-12:00) -OR- ___ M-F (9:00-12:00)

___ Part Day Ages 3-4 (two years until kindergarten and potty trained)

___ T/Th (9:00-12:00) -OR- ___ M-F (9:00-12:00)

Child's Name _____

Date of Birth: _____

Parent's Names _____

Siblings: Names

Age

Do you currently have a church home? If yes, where?

Has your child had previous childcare experience?

What do you hope your child will gain from this experience?

How would you describe your child? (shy, outgoing, timid, etc.)

Describe any special concerns or fears your child may have:

Do you have any concerns or is there anything you would like us to know about your child? _____

St. Luke's Early Learning Center Emergency Contact

Parent Contact Information:

Name: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Phone: _____

Address: _____

In Case of Emergency contact: (minimum of TWO emergency contacts required)

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

The following has my permission to pick up my child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Liability Release with Consent for Medical or Emergency Treatment and Transportation

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Physical Address: _____

Phone Number: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all activities conducted by St. Luke's ELC and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents, and representatives of St. Luke's ELC to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office, or other institution, employ any physicians, dentists, nurses, or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental, or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, x-ray, examination, and performance of operations, diagnostic, and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by ambulance or other emergency vehicle if necessary. If there is no medical emergency, ELC staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this consent form, St. Luke's ELC shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

St. Luke's ELC is a safe and supervised early learning environment. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation at the ELC and agree(s) to release, indemnify, defend, and forever discharge St. Luke's ELC and its staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation at St. Luke's ELC.

Signature of Parent/Guardian

Date

St. Luke's Early Learning Center Permissions

Parent Handbook Agreement:

I acknowledge that I have received a copy of the Parent Handbook and have addressed any questions with the Program Director.

Signature Date

Photo Release within our App and for Classroom Use:

I acknowledge that my child's photo will be taken, shared in their app feed, may appear on the app feed of other children they are photographed with in their classroom, displayed in the classroom, and used for classroom projects.

Signature Date

Social Media Photo Permission:

You do _____ or do not _____ (mark one) have permission to share/display my child's image on the St. Luke's Early Learning Center's or Church's brochures and websites, including St. Luke's Early Learning Center's Facebook page.

Signature Date

Chapel:

I am aware that the children go to Chapel weekly and occasionally participate in other large group activities in and around the church fellowship hall and building.

Signature Date