

Faith Lutheran Childcare Application

Child's Full Name: _____

Child's Preferred Name: _____ Gender _____

Address _____

City _____ State _____ Zip _____

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Family Information

Home Phone _____ Cell Phone _____

Date of Birth _____ Nationality _____

Mother's Name _____ Date of Birth _____

Father's Name _____ Date of Birth _____

Mother's Employer _____ Work Phone _____

Occupation _____

Father's Employer _____ Work Phone _____

Occupation: _____ Cell Phone _____

Marriage Status of Parents _____

Custody – Visiting Arrangements _____

If child is adopted, list age at adoption _____

Is child aware of adoption? _____

List siblings and their ages _____

Are there other members of the household? If so, list name, age, and relationship _____

Is any language other than English spoken in the home? _____ If so, please

Explain _____

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Child Information

Is your child toilet trained? _____ Describe assistance needed and words

used _____

Does your child nap? _____ When and how long? _____

What time does your child go to bed? _____ Wake-up _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? _____

If so, please explain _____

Age at which your child

Crawled on hands and knees _____ Sat alone _____

Walked _____ Named simple objects _____

Spoke in complete sentences _____

Slept through the night _____ Toilet Trained _____

What are your child's likes (games or activities)? _____

What are your child's dislikes? _____

What foods does your child like? _____

What foods does your child dislike? _____

How much TV does your child generally watch per day? _____

Medical Information

Child's Doctor _____ Clinic _____

Address _____ Phone _____

Does your child have any health problems that you are aware of? _____

Do you have any concerns about any aspect of your child's development? _____

Do you feel your child's speech is clear? _____

Can strangers understand your child speak? _____

List illnesses your child has had _____

Does your child have frequent colds? _____ Earaches? _____

Sore Throats? _____ Stomachaches? _____ Fevers? _____

Has your child had any serious accidents or operations? If so, please explain _____

Does your child have any food allergies? _____

If so, please explain _____

Does your child have any seasonal allergies? _____

If so, please explain _____

Are there any foods or drinks that your child should not have? _____

Does your child take any regular medication? _____

When was your child's last visit to the doctor? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____ \

Does your child have a current immunization certificate? _____ If not, please

Explain _____

Kentucky State Regulations require all children in child care programs have on file a current copy of each child's Commonwealth of Kentucky Immunization Certificate.

Please attach a copy of your child's current immunization certificate. Attached is a copy of the correct immunization certificate form required by Kentucky State Regulations

Please be sure that the expiration date is on the certificate.



COMMONWEALTH OF KENTUCKY
IMMUNIZATION CERTIFICATE

(Required of each child enrolled in a public or private school, preschool program, day care center, certified family child care home, or other licensed facility which cares for children.)

Name of Child _____ Birthdate _____
(Last) (First) (Middle)

Name of Parent or Guardian _____

Address _____
(Street) (City) (State) (Zip Code)

DATES ADMINISTERED (month/day/year)

DIPHTHERIA, TETANUS, PERTUSSIS* #1 ● / ● / ● #2 ● / ● / ● #3 ● / ● / ● #4 ● / ● / ● #5 ● / ● / ●

POLIO VACCINES #1 ● / ● / ● #2 ● / ● / ● #3 ● / ● / ● #4 ● / ● / ●

MMR (Measles, Mumps, Rubella)** #1 ● / ● / ● #2 ● / ● / ●

Hib*** #1 ● / ● / ● #2 ● / ● / ● #3 ● / ● / ● #4 / / /

Hepatitis B**** #1 ● / ● / ● #2 ● / ● / ● #3 ● / ● / ● #4 / / /

Prevnar #1 ● / ● / ● #2 ● / ● / ● #3 ● / ● / ● #4 ● / ● / ●

Varicella ***** #1 ● / ● / ● #2 ● / ● / ● or child has had chickenpox disease(X) _____

Hepatitis A #1 / / / #2 / / /

Rotavirus #1 / / / #2 / / / #3 / / /

Other
Menactra / / /
Td/Tdap / / /
HPV #1 / / /
HPV #2 / / /
HPV #3 / / /

*DTaP, DTP, DT, Td **MMR for one dose, measles-containing for second. ***Hib not required at age 5 years or more. **** Alternative two dose series of approved adult hepatitis B vaccine for children 11-15 years of age. *****Varicella required for children 19 months to 7 years unless a parent, guardian or physician states that the child has had chickenpox disease.
This child is current for immunizations until 8 / 31 / 16, (two weeks after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

Signature of physician, Health Dept., or their designee 1780 Nicholasville Road Ste 301 Lexington, KY 40503 Date 5/25/10lh
Commonwealth Pediatrics 859-277-6636

This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record. EPID-230 (Rev 8/2002)

Medical Emergency Release

In the event of an emergency the Director or an employee of Faith Lutheran Church Childcare determines that your child is in need of emergency medical treatment while in the care and supervision of the Faith Lutheran Childcare Program, I hereby authorized the child's physician or any qualified physician selected by the Faith Lutheran Childcare Program to diagnose, prescribed drugs, administer blood, operate or perform whatever medical services are deemed necessary to preserve the life, health, and well-being of _____ (child name) in the event that I cannot be reached.

I further agree to compensate the Faith Lutheran Childcare Program for any expenses over and above the center's insurance coverage resulting from said medical care, hospitalization, and services performed by physicians.

Parent Signature _____ Date _____

Insurance _____

Policy Number _____

Policy Holder's Name _____

Faith Lutheran Church Childcare Permission to Photograph

_____ I give Faith Lutheran Church Childcare permission to take pictures of my child, _____, to be used in the classroom and for educational purposes.

_____ I do not give Faith Lutheran Church Childcare permission to take pictures of my child for educational purposes.

Parent Name _____

Parent Signature _____

Date _____

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\_\_\_\_\_ I give Faith Lutheran Church permission to take pictures of my child, \_\_\_\_\_, to be displayed on the church website to promote the churches program (ex. Vacation Bible School).

\_\_\_\_\_ I do not give permission to Faith Lutheran Church to put my child's picture on the church website.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Faith Lutheran Church Childcare Email Communication Form

At Faith Lutheran Church Childcare, in order to be environmentally-friendly AND to most effectively communicate with our FLCC families, the majority of our communication to parents is done by email. For this to be effective, we must have each person's most accurate email address. We ask that you put your primary (and secondary, if you wish) email below so that we can send you important reminders for our preschool and afterschool programs. Thank you!

Child's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's primary email address \_\_\_\_\_

Father's secondary email address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's primary email address \_\_\_\_\_

Mother's secondary email address \_\_\_\_\_

Date effective \_\_\_\_\_

**Faith Lutheran Child Care**  
1000 Tates Creek Road  
Lexington, KY 40502  
(859) 268-0108 Phone  
(859) 266-9600 Fax

Child's Name: \_\_\_\_\_

**PERMISSION TO USE THE PARKING LOT FOR PLAY**

\_\_\_\_\_ I **give permission** for my child to use the **fenced** parking lot for outside play time during the 2011-2012 school year.

\_\_\_\_\_ I **DO NOT** give permission for my child to use the **fenced** parking lot for outside play time during the 2011-2012 school year.

**PERMISSION FOR ADMINISTRATION OF SUNSCREEN**

\_\_\_\_\_ I **give permission** for my child to use **any sunscreen** during the 2011-2012 school year. If you only allow a particular kind, list here: \_\_\_\_\_

\_\_\_\_\_ I **DO NOT** give permission for my child to use sunscreen during the 2011-2012 school year.

**PERMISSION FOR ADMINISTRATION OF BUG SPRAY**

\_\_\_\_\_ I **give permission** for my child to use **any bug spray** during the 2011-2012 school year. If you allow only a particular kind, please list here: \_\_\_\_\_

\_\_\_\_\_ I **DO NOT** give permission for my child to use bug spray during the 2011-2012 school year.

Parent Name(s): \_\_\_\_\_

Parent Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_