



**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 2018 - 2019

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

Address _____ City _____ State _____ Zip _____

Primary Language _____ Race _____

Has your child attended school previous 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?

Note: You must also fill out and sign the State Form, Child Care Health Record and History of Immunizations. Children must have immunizations before beginning school, unless, there are medical or religious reasons which a form from physician must be signed. Health records: 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.

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 I will be contacted via phone and if I am unavailable, those listed under emergency contacts will be called. I understand that I am responsible for any cost that may incur.

Medical Release: The Health Insurance Portability and Accountability Act (HIPAA) affects the children enrolled at 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 at school. I understand that if my child uses the playground after hours, I am responsible for the safety and well-being of my child.

Photographs: St. Luke’s ECP has a website, www.stlukesucm.com and a Facebook page, StLukesumc-Preschool & Parents’ Day Out. Both sights are updated with new information, photos and video.

_____ I give my permission _____ I **do not** give permission for my child’s photos or videos to be used for any social media at St. Luke’s.

Class List: I give permission for St. Luke’s ECP to include my child’s name, email address, address and phone number on a class list. I understand that this list will not be published or distributed to anyone other than families’ participation in my child’s class.

_____Yes _____No _____initial

I have read and understand the above information.

Date: _____ Signature _____