

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth		First Day at Program	
Address					
City		State		Zip Code	
Parent #1 Name		Parent #1 Phone Number			
Parent #1 Address ☐ Same as Child's		City		State	Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)			
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)			
Check here if Not Applicable ☐	Parent #2 Name		Parent #2 Phone Number		
Parent #2 Address ☐ Same as Child's		City		State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)			
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)			
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)		
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number			
Primary Emergency Contact #1 Other number or email address for emergency contact (if applicable)		Optional Emergency Contact #2 Other number or email address for emergency contact (if applicable)			
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No			
Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?					
☒ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent) ☐ No					

Child's Name		Date of Birth	
Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.) ☐ N/A			
The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program: ☐ N/A			
My child will receive specialized/individual services at the program: ☐ Yes ☐ No Name of service provider(s) and frequency ☐ N/A			
Emergency Transportation Authorization ☒ The program has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. ☐ The program does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:			
SIGNATURE This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.			
Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).			
Parent Signature		Date	
Program Acknowledgement of Completion By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.			
Program Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

HOSANNA LUTHERAN CHILDHOOD CENTER IMMUNIZATION STATEMENT

Child's Name: _____ Birthdate: ____/____/____

Please select one:

_____ **YES, my child is immunized.**

- I have attached/provided a current copy of my child's immunization record.

_____ **NO, my child is not immunized.**

- I understand that HLCC accepts children who are not immunized.
- I have chosen not to immunize my child and have completed this form to document that decision.
- I understand that this form will be kept on file at HLCC.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

FOR HLCC OFFICE USE ONLY

Immunization record received on: ____/____/____

HOSANNA LUTHERAN CHILDHOOD CENTER

AUTHORIZATION FOR PHOTOGRAPHS

Child's Name: _____ Birthdate: ____/____/____

Parent's Name (printed): _____

Class: Pre-K 2 Day ____ 3 Day ____ 5 Day ____
 (Room A, B, C)

Preschool 2 Day AM ____
(Class D) 3 Day AM ____
 5 Day AM ____

CHOOSE ONE ONLY:

_____ **FULL PERMISSION:** I grant permission for my child to be photographed while attending HLCC. I also understand that photographs of my child could appear in newsletters, local newspapers, and/or the HLCC website to promote HLCC.

_____ **LOCKED WEBSITE ONLY:** I grant permission for my child to be photographed while attending HLCC. I understand that my child will ONLY appear on the locked/password protected HLCC website for parents only.

_____ **NO PERMISSION:** I refuse to grant permission for my child to be photographed while attending HLCC. I also understand that NO photographs will appear in newsletter, local newspapers, and/or the locked HLCC website.

Parent/Guardian Signature: _____

Date: ____/____/____

HOSANNA LUTHERAN CHILDHOOD CENTER

AUTHORIZATION FOR RELEASE

Child's Name: _____ Birthdate: ____/____/____

Parent's Name (printed): _____

Class: Pre-K 2 Day ____ 3 Day ____ 5 Day ____
 (Room A, B, C)

 Preschool 2 Day AM ____
 (Class D) 3 Day AM ____
 5 Day AM ____

The following people have authorization to pick up my child from HLCC.

NOTE: Both parent/guardians and emergency contacts on page one of ODJFS form 01234 Child Enrollment & Health Information form **DO NOT** need to be included here. They will automatically be authorized to pick up your child, unless otherwise shared with the director.

Include here only **ALTERNATE** individuals (not parent/guardian or emergency contacts included on ODJFS form 01234) who may also pick up your child:

1. _____ Phone (____) ____ - ____
2. _____ Phone (____) ____ - ____
3. _____ Phone (____) ____ - ____
4. _____ Phone (____) ____ - ____
5. _____ Phone (____) ____ - ____
6. _____ Phone (____) ____ - ____

I understand that if changes need to be made that it is my responsibility to contact the preschool administrator.

Parent/Guardian Signature: _____

Date: ____/____/____

HLCC Preschool - Financial Obligation Form

Student Name: _____ is registered for:

Preschool - 9 a.m. to NOON (Students must be 3 years old & completely potty-trained.)

Class	Monthly Tuition
2 Day (Tuesday/Thursday)	\$200.00
3 Day (Monday/Wednesday/Friday)	\$220.00
5 Day (Monday - Friday)	\$380.00

OPTIONAL: ADD Lunch Bunch to Preschool

Days	NOON to 1 p.m.
2 Day (Tuesday/Thursday)	\$70.00
3 Day (Monday/Wednesday/Friday)	\$100.00
5 Day (Monday - Friday)	\$150.00

Pre-K - 9 a.m. to 3 p.m. (4 & 5 year-old students.)

Class	Monthly Tuition
2 Day (Tuesday/Thursday)	\$290.00
3 Day (Monday/Wednesday/Friday)	\$350.00
5 Day (Monday - Friday)	\$465.00

Payment Terms & Conditions

Initials: _____ Tuition payments are determined by taking the total tuition for the year and dividing by nine equal payments. Tuition is due during breaks, holidays, and vacations regardless of whether your child attends or is absent.

Initials: _____ Tuition is based on enrollment and is not adjusted for absences or closures due to weather, emergencies, or other circumstances beyond the school's control.

Initials: _____ Payments are due on the 15th of every month beginning in August through April 15 the following spring. If payments are not received by five days after the due date, a fee of 20% will be added to your invoice.

Standard 9-Month Payment Schedule	
June 15 - Enhancement Fee	December 15 - Tuition Due
August 15 - Tuition Payments Begin	January 15 - Tuition Due
September 15 - Tuition Due	February 15 - Tuition Due
October 15 - Tuition Due	March 15 - Tuition Due
November 15 - Tuition Due	April 15 - Final Tuition Payment

Initials: _____ Autopay is available upon request and may be required if my account becomes past due or a late fee is incurred. Please see the parent handbook for information on late payments.

Initials: _____ Withdrawals require a 30-day written notice. You will be billed for one month of tuition from the date we receive notice. If you do not withdraw by August 15 to start the school year, you will be charged the Enhancement Fee and one month of tuition.

Initials: _____ The payment terms and conditions above apply to all tuition, fees, and extended care services.

Please return this copy to HLCC. If you have any questions, please contact the bookkeeper: accounts@hlccpreschool.org

Parent/Guardian Signature: _____ Date: ____/____/____

**I would like to discuss alternate payment arrangements/due dates with the bookkeeper: YES _____ **

HLCC Preschool - Family Information Form

Child Name:		Nickname (if any):	
Child lives with (adults):			
Names & Ages of Siblings:			
What is the primary language spoken in your child's home?			
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? If yes, please describe:	Y / N		
Are there any changes or transitions your child has recently experienced (moved from crib to bed, divorce, new home, death of family member/friend/pet)? If yes, please describe:	Y / N		
Are there any cultural or religious practices of your family that we should be aware of (dietary restrictions, clothing, head coverings, etc.)? If yes, please describe:	Y / N		
Are there things that frighten your child? If yes, how does he/she react and what do you do to comfort them?	Y / N		
Describe your child's personality and behavior along with any special interests:			
What are your expectations of this program?			
What other information would be helpful for the staff caring for your child to know?			

Parent/Guardian Signature: _____ Date: ____/____/____

HLCC Proposed Calendar 2026-2027

Parent Orientation	Thursday, August 20 - 6 p.m.
Meet the Teacher Day <i>Appointment times will be scheduled at Parent Orientation!</i>	Monday, August 24 Tuesday, August 25
First Day of School	Wednesday, August 26 Thursday, August 27
Labor Day (No School)	Monday, September 7
Fall Break (No School)	Monday, October 19-Friday, October 23
Thanksgiving Break (No School)	Wednesday, November 25-Friday, November 27
Winter Break (No School)	Friday, December 18 - Friday, January 1 Return from Break on Monday, January 4, 2027
<i>**Registration opens to alumni students/families for following year January 1, & public on February 1.**</i>	
Martin Luther King Jr. Day (No School)	Monday, January 18
President's Day (No School)	Monday, February 15
Good Friday & Spring Break (No School)	Friday, March 19 - Friday, March 26
Family Fun Day	Sunday, April 25 1-4 p.m.
Last Day of School & Field Days	Thursday, May 13 Friday, May 14

Calendar subject to change!

Two field trips (one fall and one spring) are scheduled when locations allow bookings.

Parent Teacher Conferences (Dates TBD)

- Pre-K (one fall and one in spring): Students attend half day.***
- Preschool (one in winter): No school on conference day.***