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LOVE ONE ANOTHER PRESCHOOL APPLICATION 24-25

CHILD'S NAME:

First Middle Last Nickname, if applicable

DATE OF BIRTH: _____ Gender: ___ Male ___ SSFemale

HOME ADDRESS: Street: _____

City _____ State _____ Zip Code _____

HOME PHONE #: _____

Child Lives with: ___ Both Parents ___ Mom ___ Dad ___ Guardian

___ Married ___ Never married ___ Divorced—Custody Documents on file ___ yes ___ no

PARENT 1/GUARDIAN NAME:

HOME ADDRESS:

HOME PHONE #:

CELL #

EMAIL ADDRESS

PARENT 1 OCCUPATION:

PARENT 2/GUARDIAN NAME:

HOME ADDRESS:

HOME PHONE #:

CELL #

EMAIL ADDRESS

PARENT 2 OCCUPATION:



Emergency Contact

Name of Emergency Contact: _____ Relationship: _____

Address: _____ Phone No. _____

Release Permissions

I authorize Love One Another Preschool **to release** my child to leave the preschool **ONLY** with the following persons (other than parents). Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Receipt of Parent Handbook

I acknowledge receipt of Love One Another Preschool’s Parent Handbook, which includes policies on many different topics, including discipline and guidance, procedures for release of children, suspension and expulsion, emergency plans, immunization requirements, visiting the center without prior approval, discussing concerns with the director, and contact information for the Parent Hotline and the Child Abuse Hotline.

Signature—Parent or Legal Guardian

Date Signed



Special Care Needs/Allergies

Child's Special Care Needs (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (include instructions below) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (last 12 mos) | <input type="checkbox"/> Medications prescribed for long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have food allergies? yes no

Food allergy Emergency plan submitted on Date: _____

Consent for Emergency Medical Care (Texas requirement)

Child's Name _____

I give consent for representatives from Love One Another Preschool to secure any and all necessary emergency medical care for my child at a local medical facility.

Signature—Parent or Legal Guardian

Date Signed

Website and Social Media Release

I, _____, parent or guardian of _____
(Parent/Guardian name) (Child's name)

grant Living Word Lutheran Church and Preschool to use photographs or video of my child for any legal use, included, but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Parent/Guardian Name (Printed) _____

Parent/Guardian (Signature) _____



Other Information

Do you have a church home? ___yes ___ no If yes, name of church: _____

Other schools your child has attended:

Are monthly finances ever a hardship?

How did you learn of our school? (If a specific person, please enter name and address of that person)

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)
General state of health:

Doctor's name _____

Doctor's phone number _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications. If not, please attach medical exemption signed by doctor or notarized waiver.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?
(please circle)

- | | |
|--|---|
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Lice | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Ringworm | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Skin Rash | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Soiling | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Urinary Problem | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Worms | <input type="checkbox"/> Whooping Cough |

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

Getting To Know Your Child

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care.

List any information about your child's habits, abilities or personality that you feel will be helpful to the staff that cares for your child.

Who is in the child's family?

Who lives at home with the child? Please include names and ages of siblings, if any.

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?

Yes No Additional Details?

Are there any changes or transitions that your child has recently experienced or is experiencing?
(divorce, new home, death of family member, friend, or pet)

Yes No Additional Details?

Are there any cultural or religious practices of your family of which we should be aware?

Do you have any pets at home? If so, what are they and what are their names?

Has your child had previous preschool or daycare experience?

Yes No Additional Details? (center based, in home, with family, with parents, etc)

Please check all the words that best describe your child's personality and behavior:

- active adventurous affectionate anxious bossy bright busy calm
 cautious cheerful content creative curious easily angered emotional
 energetic excitable friendly gives in easily happy hesitant insecure
 jealous likes structure/routines loud loving mellow outgoing
 prefers adult attention quiet sensitive serious shares well social
 spontaneous stubborn tentative

Are there additional personality and behavior characteristics that would be useful to know about your child?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

What time does your child normally go to bed at night and wake up in the morning?

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are some of your child's favorite play activities/interests? (This helps us in planning activities/units for classroom)

What are the top three goals you would like your child to achieve this year?

1.

2.

3.

What other information would be helpful for the staff caring for your child to know?

Parent Signature

I affirm that all the above information in this application is true and complete to the best of my knowledge.

Parent Signature

Date

Parent Name (Printed)