



FAITH LUTHERAN SCHOOL & DAYCARE  
 290 E. Merritt Avenue, Merritt Island, FL 32953  
 Phone: 321-452-4143 / Fax: 321-452-9147  
[www.faithlutheransdc.org](http://www.faithlutheransdc.org) / License #C18BR0121

**APPLICATION FOR ENROLLMENT**

**PROGRAM YOU WISH TO ENROLL IN:**

CHILDCARE (6:30AM – 6:00PM): \_\_\_\_\_ Infant/Toddler \_\_\_\_\_ 2-yr old \_\_\_\_\_ 3-yr old \_\_\_\_\_ 4-yr old/VPK  
 PRESCHOOL (9:00AM – 12:00PM): \_\_\_\_\_ 2-yr old \_\_\_\_\_ 3-yr old \_\_\_\_\_ 4-yr old/VPK  
 SCHOOL-AGE: \_\_\_\_\_ Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Before & After Care  
 SUMMER CAMP: \_\_\_\_\_ 2-yr old \_\_\_\_\_ 3-yr old \_\_\_\_\_ 4-yr old \_\_\_\_\_ School-Age

Child's Full Name: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Allergies and/or Special Dietary Requirements: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church Membership: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church Membership: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Would you like us to communicate with you via e-mail? YES / NO

Number of brothers and/or sisters and names: \_\_\_\_\_

Name of legal guardian, if other than parent: \_\_\_\_\_

Are parents divorced or separated? YES / NO If so, who has legal custody of the child? \_\_\_\_\_

Is either parent forbidden by court order from having equal access to the child or their school records? YES / NO

**Written documentation MUST be on file in our school office.**

**PICK-UP AUTHORIZATION**

Please indicate which persons are permitted to remove your child from Faith Lutheran School & Day Care. Under no circumstances will a child be released to anyone other than the individuals named below, without prior written authorization. Government issued photo identification will be required.

Father: YES / NO      Mother: YES / NO      Alternate Adult: YES / NO If yes, list information below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**EMERGENCY INFORMATION**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May Faith Lutheran School & Day Care contact another physician if unable to contact the above? YES / NO

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**PAYMENT & POLICY ACKNOWLEDGEMENT**

Tuition fees are paid in advance & accounts MUST be kept current. Weekly paid accounts are due on Monday of each week. Monthly paid accounts are due on the 1<sup>st</sup> day of each month. Late fees will be applied as stated in the Faith Lutheran School & Day Care Enrollment & Tuition Fees Schedule. Faith Lutheran School & Daycare does not discount or pro-rate tuition when a child is not in attendance for illness, vacation, severe weather, or scheduled school closures. ***Please make all checks payable to Faith Lutheran School & Day Care.***

Person(s) responsible for payment of account: \_\_\_\_\_

I/We agree to pay \$\_\_\_\_\_ per \_\_\_\_\_. I have read and understand the Enrollment & Tuition Fee Schedule & Policies. I/We understand that in the event of withdrawal from our programs, the enrollment fees are NON-refundable.

I/We, \_\_\_\_\_, have read and understand the policies of Faith Lutheran School & Day Care as written in the Parent Handbook.

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

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**ALTERNATE NUTRITION PLAN AGREEMENT**

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs: **(Mark (P) for Parent or (C) for Center Provides)**

Breakfast: \_\_ (P) \_\_    AM Snack: \_\_ (C) \_\_    Lunch: \_\_ (P) \_\_    PM Snack: \_\_ (C) \_\_    Infant Formula: \_\_ (P) \_\_

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

I agree to provide the parent with the suggested meal pattern & menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HEALTH INFORMATION REQUIREMENTS**

***Brevard County requires all children admitted to our school to provide the school office with Florida Department of Health forms: Certificate of Immunization (blue form DH-680) and School Entry Health Exam (yellow form DH-3040). Please provide these forms with this application.***