



# Faith Lutheran

## Touching Hearts

8701 Adams

Lincoln, NE 68507

Office #: 402-466-7402

Fax #: 402-466-3857

Hours: 6:30am-5:30pm

## ESD Registration

**\$10 Registration Fee- assessed only if used**

\$6.50/hour up to 6 hours, \$40 per day.

Before school care: 6:30am-8:15am

After school care: 3:30pm-5:30pm

No School/Snow days: 6:30am-5:30pm

Child's Grade: \_\_\_\_\_

\*A 10% discount applies to the 2nd child enrolled.

\*On No-School days, **you must sign-up** in the Touching Hearts Office or using the online form.

### STUDENT INFORMATION

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ BOY GIRL (circle one)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CHILD LIVES WITH: \_\_\_\_\_

### FATHER/GUARDIAN

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYER/OCCUPATION: \_\_\_\_\_ SSN #: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

### MOTHER/GUARDIAN

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYER/OCCUPATION: \_\_\_\_\_ SSN #: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

(see reverse side)

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I GIVE CONSENT TO TOUCHING HEARTS TO CONTACT OUR DOCTOR IF I CANNOT BE REACHED \_\_\_\_\_ (INITIAL)

IF NECESSARY, TAKE MY CHILD TO THE FOLLOWING DOCTOR, CLINIC, HOSPITAL \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DOES YOUR CHILD HAVE ALLERGIES? NO YES ALLERGIC TO: \_\_\_\_\_

DOES YOUR CHILD REQUIRE EMERGENCY MEDICATION (EPI-PEN, ANTIHISTAMINE, ETC)? NO YES (IF YES, PLEASE BRING AN **ACTION PLAN FROM THE DOCTOR**)

CHRONIC PHYSICAL ISSUES/DEVELOPMENTAL INFORMATION/SPECIAL ACCOMMODATIONS:  
\_\_\_\_\_

SPECIAL DIETARY REQUIREMENTS: \_\_\_\_\_

**MEDICATION COMPETENCY STATEMENT:**

I, \_\_\_\_\_, HAVE DETERMINED THAT TOUCHING HEARTS STAFF IS COMPETENT TO GIVE OR APPLY MEDICATION TO MY CHILD.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY CONTACT PERSONS**

(Licensing requires we MUST have at least TWO contacts other than parents)

NAME & RELATION:	CONTACT PHONE #:	AUTHORIZED PICK-UP	
1. _____	_____	NO	YES
2. _____	_____	NO	YES
3. _____	_____	NO	YES

PLEASE INDICATE YOUR FAMILY'S RELIGIOUS AFFILIATION: \_\_\_\_\_

WHERE DOES YOUR FAMILY CURRENTLY ATTEND CHURCH? \_\_\_\_\_

HAS YOUR CHILD BEEN BAPTIZED? N Y DATE: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
PARENT/GUARDIAN DATE

**-OFFICE USE ONLY-**

Form rec'd date: \_\_\_\_\_ New Returning Sibling  
Amt paid \_\_\_\_\_ Date paid: \_\_\_\_\_ cash check credit card VANCO

- Form PC entry
- Roster entry
- Tuition tab set
- Sibling discount

Center Signature: \_\_\_\_\_ Date: \_\_\_\_\_