

Lutheran Day Care Center

Enrollment Packet

I hereby authorize Lutheran Day Care Center to:

1. Call the child's doctor and/or hospital in case of sudden illness or accident.
2. Teach my child the religious curriculum approved by the Lutheran Day Care Center.
3. Include my child in regularly scheduled class trips or tours.
4. Use photographs of my child for publicity purposes.
5. Discharge my child from the Lutheran Day Care Center at any time that the Center's administration determines that it is advisable for reasons they seem sufficient.

(The above 5 waivers are required by the Illinois Department of Children and Family Services as part of licensing requirements.)

Signature of Parent/ Guardian

Mother's Social Security Number _____

Father's Social Security Number _____

Child's Social Security Number _____

Field Trip Permission Slip

My child _____ has my permission to participate in any field trips planned by his/her teachers at this program. I understand that individual seat belts will be used for each child when traveling by car or van, and that adequate supervision will be provided during the entire trip. I also understand that only qualified drivers will be asked to drive.

Signed _____ Date _____

_____ I would be interested in helping provide transportation for a field trip.

My car has _____ seat belts available for passengers.