

CHILD ENROLLMENT AND EMERGENCY MEDICAL CARE FORM

Our Lady of Mercy Preparatory Academy – School Year 2025–2026

Per state licensing, please do not leave any lines blank. If needed, N/A is acceptable.

Enrollment Information

- Date of Application: _____
- Start Date (Enrollment): 9/2/2025
- Last Day of Enrollment: 6/5/2026

Child Information

- Full Name: _____
- Date of Birth: _____
- Home Address: _____
- City: _____ ZIP Code: _____

Parent/Guardian Information

Parent/Guardian 1:

- Full Name: _____
- Home Address: _____
- City: _____ ZIP Code: _____
- Email Address: _____
- Home Phone: (____) _____
- Cell Phone: (____) _____
- Employer: _____
- Work Phone: (____) _____
- Employer Address: _____
- City: _____ ZIP Code: _____

Parent/Guardian 2:

- Full Name: _____
 - Home Address: _____
 - City: _____ ZIP Code: _____
 - Email Address: _____
 - Home Phone: (____) _____
 - Cell Phone: (____) _____
 - Employer: _____
 - Work Phone: (____) _____
 - Employer Address: _____
 - City: _____ ZIP Code: _____
-

Emergency Contact & Pick-Up Authorization

Individuals Authorized to Pick Up Child (other than parents/guardians):

1. Name: _____
Phone Number: (____) _____
Relationship to Child: _____

(Use the back of the form or attach an additional sheet for more names.)

Emergency Contacts (if parents/guardians cannot be reached):

1. Name: _____
Phone Number: (____) _____
Relationship to Child: _____
-

Medical Information

- Known Allergies (including food or medications):

- Date of Last Tetanus Shot: _____
- Health Insurance Provider: _____
- Policy/ID Number: _____

Primary Physician:

- Name: _____
- Phone: (____) _____
- Address: _____
- City: _____ ZIP Code: _____

Dentist:

- Name: _____
 - Phone: (____) _____
 - Address: _____
 - City: _____ ZIP Code: _____
-

Emergency Medical Authorization

____ (Initial) I give permission for the certified staff of **Our Lady of Mercy Prep (OLM Prep)**, trained in **First Aid and CPR**, to administer emergency medical care to my child. I authorize staff to contact the listed physician/dentist and to transport my child to the nearest appropriate medical facility if necessary. I understand that I am responsible for all medical expenses incurred.

- Preferred Hospital/Facility: _____
-

Emergency and Multi-Hazard Plan Consent

____ (Initial) In the event of a natural disaster, evacuation, or other emergency, I authorize the staff of OLM Prep to implement procedures as outlined in the school's **Emergency/Multi-Hazard Plan** [Preschool Emergency/Multi-Hazard Plan](#) to ensure the safety of my child.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

MEDIA AND COMMUNICATION CONSENT FORM

Our Lady of Mercy Academy School – School Year 2025–2026

- Child's Full Name: _____

Media Consent

I give permission for **OLM Prep** to photograph or record my child during school-related activities. These images may be used in the following formats:

- Social Media: _____ (Initial)
- Website: _____ (Initial)
- News/Media Coverage: _____ (Initial)
- School Marketing Materials: _____ (Initial)

Class Roster Consent

_____ (Initial) I give permission for **OLM Prep** to share class rosters (including my child's name, my name, and email address) with other enrolled families. I understand this is for school-related communication only.

Behavior Management Policy Acknowledgement

_____ (Initial) I confirm I have been informed of the center's behavior management techniques and understand the school's guidance and discipline strategies.

Parent Handbook Acknowledgement

_____ (Initial) I acknowledge that I have received, read, and understand the information provided in the [OLM Prep Family Handbook](#) [OLM Prep Preschool Family Handbook](#)

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____