



Christ-Centered Early Childhood Education

St. Paul Lutheran Preschool Registration Form — 2021-2022 School Year

Class/Program Desired:

3-Year-Old Program

Table with 3 columns: Program, Time, Fee. Rows include M/W 8:30-11:00am (\$130/mo), T/TH 8:15-10:45am (\$130/mo), T/Th 8:30-11:00am (\$130/mo).

4-Year-Old Program

Table with 3 columns: Program, Time, Fee. Rows include M/W/F 8:15-10:45am (\$150), M/W/F 8:30-11:00am (\$150), M/T/W/Th 11:30am-2:30pm (\$195).

Pre-K Program

Table with 3 columns: Program, Time, Fee. Rows include M/T/W/TH 11:30AM-2:30PM (\$195/mo), M/T/W/TH/F 11:30AM-2:30PM (\$220/mo).

Child's Information:

Child's Full Name: _____
First Middle Initial Last

Name child prefers to be called: _____

What name would you like your child to recognize and write? _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Male _____ Female Date of birth: _____ Age: _____

Preferred contact email: _____

(This is the email used to contact the child's family. To add an additional email contact the director.)

Mother/Guardian Information:

First Name: _____ Last Name: _____

Primary Phone: _____ Email: _____

Employer: _____ Occupation: _____

Father/Guardian Information:

First Name: _____ Last Name: _____

Primary Phone: _____ Email: _____

Employer: _____ Occupation: _____

Parent Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Widowed

For Office Use Only
\$75 Registration Fee: _____
1st Tuition Installment: _____

Please complete other side

Other children in the home (name, age, school): _____

Daycare provider (if applicable): _____

Phone: _____

Church/Sunday School your child attends: _____

Religious affiliation: _____

If your family does not have a church home, would you like more information about St. Paul Lutheran Church?

_____ Yes _____ No

How did you hear about St. Paul Lutheran Preschool? _____

Additional Information:

Does your child have any physical or emotional needs that our staff should be aware of? If so, list below:

How does your child typically respond to being separated from a parent for a short while?

Please list any group experiences such as daycare, preschool, Sunday School, dance lessons, etc., that your child has been a part of:

Please list anything else that you feel we should know about your child/family:

Signature:

By signing below, I understand that the \$75 registration fee is non-refundable and the first tuition installment (non-refundable) is due on or before May 1, 2021 to secure my child's place in the program. I also understand all required forms must be completed and turned in before the first day of school. With my signature I attest that I have provided accurate information for my child. If information changes, it is my responsibility to provide the Preschool Director with current information.

Date: _____

Signature of Parent/Guardian

Permission Form — 2021-2022 School Year

Pick-Up Permission:

Child's Full Name: _____
First
Middle Initial
Last

Please list the names of people who may pick up your child from St. Paul Lutheran Preschool:

Name	Relationship

Please list the names of persons who may **NOT** pick up your child: _____

If there is a family situation, separation, divorce, or custody issue that we should be aware of, please explain:

I hereby give my permission for my child to leave St. Paul Lutheran Preschool with the persons named above. It is my responsibility to notify the preschool of any changes.

Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Photography Permission:

Please write **YES** or **NO** next to each statement:

_____ I give permission for my child to be photographed or videotaped for use in art activities, slide presentations (for example: Christmas and end-of-year programs), and bulletin boards.

_____ I give permission for my child to be photographed or videotaped for use on the preschool or church website, Facebook and other preschool publications. NOTE: child's name is not used and parents will not be tagged in posted photos.

Emergency Medical Consent Form — 2021-2022 School Year

Child's Full Name: _____ Birthdate: _____ Age: _____

Allergies: _____

Child's Physician	
Clinic Name	
Address	
Phone	
Preferred Hospital	

Child's Dentist	
Dentist Phone	
Dentist Address	

Parent/Guardian Emergency Contact Information

Name:	Cell Phone:	Home or Work Phone:
Name:	Cell Phone:	Home or Work Phone:

Relatives or friends who may be contacted for assistance or information in case of emergency:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

In case of an emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to have the child transported to a hospital, we will take the child to the hospital listed above or to Lutheran Hospital unless instructed to do otherwise by the physician, dentist or parent/guardian.

I, _____ (Parent/Guardian) of _____ (Child), do hereby give my permission and consent to the personnel of St. Paul Lutheran Preschool to authorize and secure such emergency medical care or dental care and/or treatment as my child requires while under St. Paul Lutheran Preschool's supervision. Teachers may take steps including any or all of the following if they believe an emergency situation exists:

- 1) Call the child's physician or dentist.
- 2) Call another physician or dentist.
- 3) Call an ambulance and have the child taken to an emergency unit of a hospital.

I agree to pay all costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

Date: _____

Signature of Parent/Guardian

Child Physical Form — 2021-2022 School Year

Child's Full Name _____ Date of Exam _____

Age _____ Height _____ Weight _____ BP _____ P _____

Vision: Eye Correction required Yes No Glasses Contact Lens

Hearing: Normal Abnormal Not Tested

EENT _____	Heart _____	Genitalia _____
Teeth _____	Abd _____	Rectum, Anus _____
Neck _____	Hernia _____	Neuromuscular _____
Chest _____	Extremities/Skin _____	Urinalysis _____
Lungs _____	Posture/Spine _____	

If needed:

Hemoglobin or Hematocrit _____	Tuberculin screening _____
Sickle Cell screening _____	Development testing _____
Lead screening _____	Other _____

The child is under the care of a physician for the following medical condition(s):

Known allergies: _____

Additional health information: _____

The child is _____ is not _____ physically and/or emotionally able to participate in your program.

Signature of Physician or Designee

Date

PARENT: Please complete the following:

Diseases the child has had _____

Any special health needs _____
