

Calvary Lutheran Preschool Registration

Date: _____	
Child's full name: _____	Age: _____ BD: _____
Name child goes by: _____	Name to print: _____
How do I contact a parent, if needed during class time? _____	
Who do we call if your child is ill for pick-up? _____	
Any allergies, or foods your child CANNOT have during school? _____	

Child's address: _____

Child lives with? Mother---Father---Other _____

Mother's First & Last Name _____

Phone: _____

Employment: _____

Father's First and Last Name _____

Phone: _____

Father's employment: _____

Child's siblings: _____

Child's previous experience with preschool and/or daycare? _____

Do you have any concerns regarding your child's development? _____

Has your child ever had an assessment done? _____

Would you like an assessment done? _____

Do you have a home Church? If so where? _____

Where did you hear about Calvary Lutheran Preschool? _____

Health History

Child's physician: _____

Allergies? _____

Is your child up to date on vaccinations? Yes----No (please bring us a copy)

Was your child born with any health concerns? _____

Do you have any health concerns now? _____

Has your child had frequent ear infections? Yes No

Do you have any concerns regarding your child's speech or hearing? Yes No

Any additional information that you think the Teacher should be aware of? _____

Is your child potty trained? Yes No

Do you give the Teacher permission to change your child's diaper or clothing that is wet or messy? Yes No If you answered Yes, please sign for permission _____

If your child is not potty trained, please send extra pull ups, wipes and clothing for your child.

Consents

Permission to photograph: I give Calvary Lutheran Preschool to photograph\video my child. It is ok to use my child's image on Calvary Lutheran Preschool\Church Facebook\Web page. I Also give permission for it to be used in any program, brochure or pamphlet.

Parent\Guardian Signature

Date

First Aid: I give preschool staff permission to administer first aid if my child has a small scratch or bump. I also give my consent for preschool staff to call an ambulance in case of emergency. The parent will always be called first if there is time. If not they will be called as soon as possible. The parent will be responsible for all costs incurred. I consent to preschool staff or emergency contacts listed to act on my behalf if i can not be contacted. _____

Parent\Guardian Signature

Date

Pick-up Contacts

I authorize these people to pick my child up from preschool:

_____	_____
_____	_____
_____	_____
_____	_____

Names and numbers of people to call in case of emergency
Parents will be called first

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

If there is ANY custody\court issues that the Teacher needs to be aware of please let her know.