

Faith Lutheran Preschool

Registration Form
Preschool 2017-2018

Child's Full Name _____
 Preferred name _____ Male / Female
 Child's Birth Date _____ Age on Sept. 1, 2017 _____
 Address _____
 City _____ Zip _____
 Home Phone _____

Child lives with: (circle all that apply)

Parents / Mother / Father / Grandparent(s)

Parent/Guardian _____ Cell Phone _____
 Email Address: _____
 Work Phone _____ Employer _____
 Address (if different) _____

Parent/Guardian _____ Cell Phone _____
 Email Address: _____
 Work Phone _____ Employer _____
 Address (if different) _____

Person(s) who will assume responsibility for child in an emergency if we are unable to contact parents:

1. Name _____
 Relationship _____
 Home # _____ Cell # _____

2. Name _____
 Relationship _____
 Home # _____ Cell # _____

3. Name _____
 Relationship _____
 Home # _____ Cell # _____

4. Name _____
 Relationship _____
 Home # _____ Cell # _____

Please note: photographic identification is required when picking up a child for the first time

Does your child wear corrective lenses? _____

Eating habits: likes and dislikes (**please include any food allergies**):

Fears: _____

Behavior Habits (biting nails, finger sucking, tantrums, biting, etc.):

Favorite play activities, games or toys: _____

Special Educational Needs: _____

Please list any special concerns: _____

Please give us any other information you feel would be of help to us in teaching your child: _____

Names and ages of siblings:

1. _____

2. _____

3. _____

4. _____

How did you hear about our program? _____

Members/Attendees of what church: _____

May we give your name and phone number/email address to other parents of preschoolers **enrolled** in our program?

Yes / No

May we post your child's picture on the church website/facebook?
(no names will be attached to their photo)

Yes / No

Faith Lutheran Preschool
Medical Consent Form

I _____, being the parent or legal guardian of _____, give my permission for authorized staff of Faith Lutheran Preschool to administer or apply basic first aid in the event of minor injuries and give the following over the counter medication to my child in the event it becomes necessary. I understand that I will be informed of all injuries that may occur.
(Please initial for your approval)

_____ Allergy Cream (Benadryl, etc.)

_____ Antibiotic Ointment (Neosporin, etc.)

_____ Hydrocortisone Cream

_____ Sunscreen

_____ Insect Repellent

I hereby release and forever discharge Faith Lutheran Preschool staff and any parties volunteering on behalf of Faith Lutheran Preschool any liability in administering the above over the counter medications I have approved.

Child's Physician _____ **Phone** _____

Address _____

Allergies: _____

My child has the following medication allergies: _____

Please list any other medical conditions we need to be aware of: _____

Parent or Legal Guardian _____ phone # _____

Emergency contact: _____ phone# _____

(If parent cannot be reached)