

Jesus Our Savior Lutheran Preschool 2015-2016 School Registration Form

Student Information

Preschool Morning Class 9:00-11:30 am.
 Preschool Afternoon Class 1:00-3:30 pm.

Child's Legal Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City/State/Zip: _____ Sex: __ Male __ Female

Has this child been baptized? __ Yes __ No
 If yes, date of baptism: _____

Affiliated with any church? __ Yes __ No
 If yes, what church: _____

Permission is given for this child to be photographed for marketing purposes.
 __ Yes __ No

Parent/Guardian Information

Provide information below for the two individuals who have primary legal responsibility for this child.

Name:		
Relationship to child:		
Home telephone:		
Cell phone:		
Email:		
Employer:		
Occupation:		
Work telephone:		
Work hours:		

Sibling's name and age: _____

Sibling's name and age: _____

Sibling's name and age: _____

Sibling's name and age: _____

Persons to whom this child may be released by Jesus Our Savior Lutheran School:

Name: _____ Name: _____

Address: _____ Address: _____

City, State: _____ City, State: _____

Phone: _____ Phone: _____

Persons who may be contacted in case of emergency:

Name: _____ Name: _____

Address: _____ Address: _____

City, State: _____ City, State: _____

Phone: _____ Phone: _____

I hereby grant permission for Jesus Our Savior Lutheran School to transport the child named on this form to out-of-the-building learning experiences. Parents will always be notified in advance of an event happening and have the right to withhold the participation of their child if so desired.

Signature of parent/guardian

Date

Medical Information:

List any health problems this child has experienced: _____

List any physical limitations: _____

List any regularly administered medications: _____

List any food allergies: _____

Has your child experienced any of the following?

- Asthma Heart problems Seizures Surgery

Explain any checked boxes: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

I hereby grant permission for Jesus Our Savior Lutheran School personnel to seek medical assistance for this child if deemed necessary and in the event that none of the above named people can be reached.

Signature of parent/guardian

Date

A copy of your child's immunizations and payment of a non-refundable \$25 one-time registration fee is required with this form. Failure to submit required forms and payment will result in your child not being able to attend Jesus Our Savior Lutheran Preschool.

I certify that all information given on this form is true and correct. I have read and agree to abide by all rules in the School Handbook. I assume responsibility for paying all tuition and fees.

Signature of parent/guardian

Date