

## REGISTRATION FORM 2023-2024 PRESCHOOL

**PLEASE PRINT ALL INFORMATION:**

Child's full name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

3 yr. old or 4 yr. old \_\_\_\_\_ Morning Preschool \_\_\_\_\_ All Day Preschool  
(Circle one)

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names & ages of brothers and sisters: \_\_\_\_\_

**RELIGIOUS INFORMATION:**

Church Affiliation: First Lutheran \_\_\_\_\_ Other \_\_\_\_\_ LCMS? \_\_\_\_\_

Name of Church (if not FLC) \_\_\_\_\_

Is your child baptized? Y N Attends Sunday School or Primary Bible Time? Y N

**OTHER INFORMATION**

Does your child have neighborhood playmates? Few Average Many

Social Behavior: Shy Friendly Cautious Outgoing

Unusual homelife circumstance: (illness, separation, etc.) \_\_\_\_\_

**THE CHILD CARE IMMUNIZATION RECORD MUST BE COMPLETED BEFORE ACCEPTANCE!**

OFFICE USE ONLY	Date Received _____	Action: _____	# _____



## PROGRAM SELECTION FORM 2023-2024 PRESCHOOL

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

(Put an "X" on appropriate option)

My child will be attending three-year-old preschool \_\_\_\_\_

Half Days Wednesday & Friday \_\_\_\_\_

All-Day Wednesday & Friday \_\_\_\_\_

OR

My child will be attending four-year-old preschool \_\_\_\_\_

Half Days Monday, Tuesday, Thursday \_\_\_\_\_

All-Day Monday, Tuesday, Thursday \_\_\_\_\_

All-Day Monday – Friday \_\_\_\_\_

**\*\*Half-day hours are 8:00 AM to 11:00 AM**

**\*\*All-day hours are 8:00 AM to 3:00 PM**

## EMERGENCY AUTHORIZATION FORM 2023-2024 PRESCHOOL

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

**Parents:**

**Telephone Numbers:**

1. \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

2. \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Relative Alternate:**

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other significant medical information:

**Name(s) of person(s) authorized to take child from First Lutheran School:**

NAME

ADDRESS

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

(OVER)

**Name(s) of person(s) NOT authorized to take child from the Christian Preschool:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**In case of emergency First Lutheran should contact:**

NAME

ADDRESS

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

**I give permission to:** First Lutheran School Staff to make whatever emergency, (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of First Lutheran School.

**In the case of medical emergency,** I understand that my child will be transported to: Glencoe Area Health Center by the local emergency unit for treatment if the local resource, (Police, Rescue Squad), deems it necessary. The child will be transported at the expense of the parent.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's doctor, and/or other adult acting on the parent's behalf.

First Lutheran has authorization for taking photos of my child (classroom, yearbook, social media, etc.) for publicity purposes.

First Lutheran has authorization for administering "Ipecac" in the case of accidental poisoning.

**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_  
(PARENT OR GUARDIAN)