

First Lutheran Preschool

455 West Sunnyside Road
Idaho Falls, Idaho 83402

Church Office: 208-522-9301

Fax: 208-522-1898

E-mail: office@firstlc.com

PRESCHOOL REGISTRATION 2012-2013

What is your class preference? (please circle one) TWTh A.M. TWTh P.M. no preference

Child's Name _____ Male _____ Female _____

Name child goes by _____ Birthday _____ Age _____

Mother's Name _____ Father's Name _____

Address _____

Primary Contact Number _____ Cell Phone _____

With whom does the child live? (**please circle**)

Both parents Mother Father Other (name and relationship) _____

Who has legal custody of the child? _____ Attach supporting documents if there has been a legal custody decision.

Mother's Work Place _____ Phone/Cell _____

Father's Work Place _____ Phone/Cell _____

Emergency Contact _____ Phone/Cell _____

Family Physician (Name, Address & Phone) _____

Describe any previous group experiences your child has had and include dates attended (for example child care, preschool, community education, religious education, etc.) _____

Will your child be participating in any other group programs this school year? (If yes, please describe) _____

What are your expectations regarding your child's preschool experience? _____

IMMUNIZATIONS

Please attach a copy of your child's **current** immunization records when you return this form.

PLEASE FILL OUT REVERSE SIDE

EMERGENCY/MEDICAL RELEASE

I give permission to First Lutheran Preschool to take whatever emergency measures are judged necessary for the care and protection of my child, _____, while under the supervision of the staff at the school. In the case of medical emergency, I understand that my child will be transported to the nearest medical facility by the local emergency resource for treatment if the local emergency resource deems it necessary. The child will be transported at the expense of the parent or the parent's insurance. I understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, the child's physician, or another adult acting on the parent's behalf. The First Lutheran Preschool staff has my permission to administer first aid which is in my child's best interest until local resources arrive.

Signature _____

Date _____

FIELD TRIP PERMISSION

I give my permission for my child to participate in First Lutheran Preschool field trips for the school year, September 2012 through May 2013.

Signature _____

Date _____

I, Parent/Legal Guardian of _____ understand that First Lutheran Preschool **cannot** guarantee placement in my preferred class time; however the staff will make every effort to grant your preferred class time. I will be informed of the class my child is to be registered in and at that time can accept or decline the placement. The cost of this program is \$990.00. Tuition is to be paid in nine monthly installments of \$110.00 by the 1st of each month. (*Members of First Lutheran Evangelical Church, please ask about our active member reduction.*) Please return this registration form as soon as possible with a **NON-REFUNDABLE \$50.00 REGISTRATION FEE** (If you are applying for a scholarship, please see the scholarship application regarding the registration fee).

****Preschool registrations are taken on a first come first served basis so the sooner you register your child, the sooner we can reserve a place in next year's class for you.****

Signature _____

Date _____

"First Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs."

Additional Information

Child's name _____

Does your child have any medical conditions that we need to be aware of? (If yes, please explain) _____

Does your child have any allergies? _____

Have there been any significant life changes or events that have affected your child recently? (If yes, please describe) _____

Release Information

Please list the name, relationship, and phone number of those who are permitted to pick up your child.

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

Is there anyone to whom we may not release your child? _____

Class List Release

May we list you and your child in our preschool class list? (Given only to other parents with children at First Lutheran Preschool) Yes _____ No _____

Media Release

If your child's picture is taken, may it be posted on either the preschool website or included in the church newsletter?

Yes _____ No _____

Signature

Date