

**First Lutheran Preschool**

455 West Sunnyside Road  
Idaho Falls, Idaho 83402

Church Office: 208-522-9301

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**FIRST LUTHERAN PRESCHOOL REGISTRATION 2019-2020**

**Class preference?** (Please check one) T W Th A.M.  T W Th P.M.  No preference

Child's Name: \_\_\_\_\_ Male  Female   
Name child goes by: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Text Available YES  NO

Alternate Number: \_\_\_\_\_ Text Available YES  NO

With whom does the child live? 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.)

**CONTACT INFORMATION** (Please provide 2 Emergency Contacts)

Mother's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: YES  NO

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: YES  NO

**CHILD RELASE INFROMATION**

Please provide a list those who are permitted to pick up your child (other than parents).

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: YES  NO

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: YES  NO

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: YES  NO

**IMMUNIZATIONS**

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

**PLEASE COMPLETE REVERSE SIDE**

**OFFICE USE ONLY:**  
Registration fee paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Open House Sent: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Scholarship: \_\_\_\_\_  
Other: \_\_\_\_\_

**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.

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

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Does your child have any allergies? (If yes please list)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACEMENT DISCLOSURE**

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 \$1125.00. Tuition is to be paid in nine monthly installments of \$125.00 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 \$60.00 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**

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

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**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: \_\_\_\_\_