

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

FIRST LUTHERAN PRESCHOOL REGISTRATION 2017-2018

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 RELEASE INFORMATION

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)

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

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)

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: _____