

Messiah Lutheran Preschool

2727 five Mile NE
Grand Rapids, Michigan 49525
363-2553

Registration Form 2011-2012

Child's Name _____
Last First Middle

Nickname (what do you wish your child to be called) _____

What name do you want your child to learn to print? _____

Address _____

City _____ Zip _____ Phone _____

Age _____ Birthdate _____ Male ___ Female ___

I wish my child to be enrolled: (mark "1" for first choice and "2" for second choice)

3 year old program T Th a.m. _____ T Th p.m. _____

4 year old program M W F a.m. _____ M W F p.m. _____

Father's Name _____

Father's Occupation _____ Employer _____

Business Phone _____ Cell Phone _____ E-Mail _____

Mother's Name _____

Mother's Occupation _____ Employer _____

Business Phone _____ Cell Phone _____ E-Mail _____

Child lives with (check one) ___ both parents ___ Mother ___ Father ___ Other

Names and ages of brothers _____

Names and ages of sisters _____

Name of home church _____

I consent to the enrollment of my child, _____, in Messiah Lutheran Preschool and agree to abide by and carry out the rules and regulations of the tuition policy.

Parent's signature _____ Date _____

Please return this form with a \$30.00 non-refundable registration fee to complete enrollment.

(over)

Important! To make us aware of any difficulty your child may have, we ask you to fill in the following portion as completely as possible. This will ensure that your child receives the proper care in our preschool. Thank-you.

Do you detect any hearing, seeing or speech difficulties in your child? _____

Does your child have any physical handicaps or medical conditions? _____

Does your child have any allergies? (If so, please see "health and safety" section in our handbook) _____

Is your child on any medication? _____

Is there anything you can say about your child which would assist us in understanding and communication with him or her better? (divorce, deaths in the family, fears, etc.) _____

Please share any other comments that may be helpful to for us: _____

Parent Signature _____ Date _____