

**MESSIAH LUTHERAN PRESCHOOL Registration Form (2008-09)**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Nickname (what do you want your child to be called ) \_\_\_\_\_

What name do you want your child to learn to print? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Child resides with (check one) \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other

Names and ages of brothers \_\_\_\_\_

Names and ages of sisters \_\_\_\_\_

Name of Home Church \_\_\_\_\_

**IMPORTANT!** To make us aware of any difficulty your child may have, we ask that you 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, medical conditions or allergies?

\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

**In case of emergency**, please indicate your contact preference for:

Hospital \_\_\_\_\_

Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Relative/Family Friend \_\_\_\_\_

Phone \_\_\_\_\_

If the doctor and/or dentist and parent are not available in any emergency, I authorize the Preschool Director to obtain necessary care from a selected doctor and/or dentist. I also affirm that my child is physically able to participate in all the preschool activities. I will not hold the school or its representatives liable for any injuries or the results of any accident to my child(ren). I will be financially responsible for any necessary medical expenses.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Names of persons *other than parents* to whom your child(ren) may be released:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Choice of Session:**

Four-year-olds Mon., Wed., Fri. \_\_\_\_\_ 9:00-11:30 am \_\_\_\_\_ 12:30-3:00 pm  
Three-year olds Tues., Thurs. \_\_\_\_\_ 9:00-11:30 am \_\_\_\_\_ 12:30-3:00 pm

**Fees:** Registration fee is \$30.00 and must be submitted with the registration.

**Payment Plan** \_\_\_\_\_ Monthly Four-year-olds \$50.00 for 9 months for member of Messiah Lutheran Church  
\$100.00 for 9 months for all others  
\_\_\_\_\_ Monthly Three-year-olds \$40.00 for 9 months for members of Messiah Lutheran Church  
\$80.00 for 9 months for all others

(Other payment plans are accepted. Please contact the Preschool Director for information.)

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** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

List your child's favorite games \_\_\_\_\_

How do you want your child to benefit from Preschool? \_\_\_\_\_

\_\_\_\_\_

What kind of discipline does your child respond to best? \_\_\_\_\_

\_\_\_\_\_

Does your child show preference for \_\_\_\_\_ right or \_\_\_\_\_ left hand?

Please share any other comments that may be helpful for us: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child(ren) to participate in the field trips & class outings as sponsored by Messiah Lutheran Preschool.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_