

The Lutheran Church of the Holy Trinity's

Rocking Horse Preschool

2020 -2021 Registration Form

Name of child \_\_\_\_\_ M or F Date of birth \_\_\_\_\_

Name child usually is addressed by \_\_\_\_\_ Is child toilet trained? Yes No

Address \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Child resides with \_\_\_\_\_

Name of parents (guardians):

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Any unusual concerns or fears we should be aware of \_\_\_\_\_

Registration is accepted on a first-come, first-served basis.  
***(Please call for availability before submitting registration.)***  
A non-refundable fee of \$60 must accompany the registration form.  
Please make check payable to Rocking Horse Preschool.

Session registering for (check one):

\_\_\_\_\_ Tuesday-Wednesday-Thursday morning from 9:30 until 11:30 a.m.  
(age 3 by August 1; cost is \$130 per month)

\_\_\_\_\_ Monday-Tuesday-Wednesday-Thursday afternoon from 12:30 until 3 p.m.  
(age 4 by August 1; cost is \$155 per month)

Class placement and size will be at the discretion of the staff.

For office use only  
Check # Date rec'd

\_\_\_\_\_

Medical information

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital you prefer \_\_\_\_\_

Allergies (including asthma) \_\_\_\_\_

List any medications your child is taking \_\_\_\_\_

Conditions requiring special help or consideration \_\_\_\_\_

Latest immunization dates:

MMR \_\_\_\_\_ DPT \_\_\_\_\_ Hep B \_\_\_\_\_ HIB \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Any problems during pregnancy or birth, such as prematurely? Describe \_\_\_\_\_

Emergency contact, other than parent or guardian:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

I give permission to the following people to pick up my child\*:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

\*A note must accompany child if anyone other than a parent or guardian is to pick up.

\_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_

**Rocking Horse Preschool Nondiscriminatory Policy**

The Rocking Horse 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 bases of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarships and loan programs, and athletic and other school-administered programs.