

Calvary Lutheran Preschool Registration

Child's Name _____
(first) (middle) (last)

Child's Address _____

Home phone number: _____

Child's date of birth (month/day/year): _____

Class Choice (circle one) 3/4yr Tues/Thu 8:30-11 4/5yr M-W-F 8:30-11 Pre-K 5/6yr M-F 8:30-11:30

Father's Info:

Mother's Info:

Name: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Email: _____

Name by which your child prefers to be called: _____

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

Child resides with (check one)

both parents mother father other: _____

Names and ages of our other children in the family:

Religious affiliation:

Baptist Lutheran Pentecostal Catholic

Methodist Episcopal non-denominational

other (please indicate) _____

Do you and your child currently attend church? Yes _____ No _____

How did you hear about Calvary Lutheran Preschool?

advertisement/article in newspaper Calvary's Preschool Sign

Realtor other recommended by family or friend

Name of person who recommended you: _____

We, at Calvary, want our preschool to be available to children with disabilities and other health issues. We are, however, practically unable to provide a certified nurse on our staff or to make available medical equipment or facilities that may be needed by some children. If your child suffers from a disability or health issue that may cause him or her to need immediate attention or professional health care personnel, you will want to consider a public preschool.

Immunizations are up to date: _____yes_____no _____not sure

Allergies: _____

Disabilities: _____

Health Concerns: _____

Extreme Fears: _____

Please call us with any changes in the information on this form.

All information on this form will be kept confidential.

I, the undersigned, being aware of my child's health and physical conditions, hereby release Calvary Lutheran Church and Preschool and its employees from liability for accidental injury or illness as a result of participation:

Signature: _____ Date: _____

A \$25 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION.

Office use only

Date received: _____

Registration fee: _____ cash _____ check _____

Staff initials: _____