

# Calvary Lutheran Preschool Registration

Child's Name \_\_\_\_\_  
(first) (middle) (last)

Child's Address \_\_\_\_\_

Home phone number: \_\_\_\_\_

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

Father's Info:

Mother's Info:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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: \_\_\_\_\_

(Please see back)

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 be sure to carefully read our Handbook.

Watch for an Orientation letter to come to you during the first week of August. **Orientation is August 26, 2019, 3:30-6 and classes begin after Labor Day.**

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: \_\_\_\_\_