

# Immanuel Lutheran Preschool Enrollment Form

Age as of August 20<sup>th</sup> \_\_\_\_\_

\$50 Registration Paid: \_\_\_\_\_  
Check Number/Date

**Weekly Schedule:** \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Mother's Email \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's Address \_\_\_\_\_  
(Write S/A if same as mother's address) Street City Zip

Please indicate if mother or father do not have legal custody (attach legal documentation) (leave blank if this does not apply to your family situation):

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Office \_\_\_\_\_ Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID Number(s) \_\_\_\_\_

## **In Case of Emergency:**

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

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Is your child fully potty trained during the daytime? \_\_\_\_\_

What type of potty concerns, if any, do you foresee during class time \_\_\_\_\_

\_\_\_\_\_

Fears (include reaction) \_\_\_\_\_

What type of social/emotional or behavioral concerns, if any, do you foresee during class time \_\_\_\_\_

\_\_\_\_\_

Other information that may be helpful for teachers \_\_\_\_\_

\_\_\_\_\_

Who else lives in the home, including other adults?

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.			
2.			
3.			
4.			
5.			

Please print your child's first name, as you want him/her to learn to spell and print it (i.e. Rebecca or Becky, Edward or Eddie....)

\_\_\_\_\_

The information provided on this form is, to the best of my knowledge, complete and correct. I hereby agree to abide by the rules and regulations of Immanuel Lutheran Preschool as outlined in the Parent Handbook to the best of my ability.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date