

Immanuel Lutheran Preschool Enrollment Form

Age as of August 20th _____

\$50 Registration Paid: _____

Check Number/Date _____

Weekly Schedule: _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri

Hours Needed: Before Care: _____ Class Time 8:30-12:00 After Care: _____

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 _____ 1

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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