

**St. John's Lutheran Preschool
Enrollment Form
2018-2019**



St. John's
Lutheran School
PRESCHOOL

Leading our students to know and share Christ

Child's Name _____ DOB: _____
Child's Name _____ DOB: _____
Address _____ City/St/Zip _____
Mother's Name _____ Home Phone _____
Address _____ Work Phone _____
Father's Name _____ Home Phone _____
Address _____ Work Phone _____
Preferred email address _____

Emergency Contacts:

Please list two persons to be contacted if a parent cannot be reached in an emergency, or if there is an injury requiring medical attention.

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

Medical and Dental Information:

Physician/Clinic _____ Phone _____
Address _____
Medical Insurance information:
Plan #: _____ Member ID: _____ Group # _____
Dental Clinic _____ Phone _____
Address _____
Medical Insurance information:
Plan #: _____ Member ID: _____ Group # _____

In the event of an emergency, and I cannot be reached, I give permission for my child to be treated by medical personnel.

Parent Signature _____

Who, other than parents, is authorized to pick up this child from preschool?

1. Name _____ Relation _____ Phone _____
2. Name _____ Relation _____ Phone _____
3. Name _____ Relation _____ Phone _____
4. Name _____ Relation _____ Phone _____
(All authorized people will need to show picture identification before picking up this child.)

Please circle the set of days that your child will be attending preschool. This information is for our planning.

M W F

T T H

- 1) I agree to pay the tuition for my child to attend St. John's preschool program by the date stated on the billing statements, which are supplied by our school office.**
- 2) I agree to pick up my child at 11:00am or make arrangements to use the bus program if I live in the bussing zone.**
- 3) I understand that there is a cost of \$5.00 for each set of 10 minute slots after 11:00. This overage is payable on the day that you are late.**
- 4) I understand that in the event of continued late payments or lack of payment, St. John's extended day program has the right to discontinue services.**
- 5) In the event of an emergency, I give the teacher permission to have my child treated by medical personnel. (We will attempt to contact parents prior to calling for emergency treatment.)**
- 6) If parents or emergency contacts are unable to be reached, I authorize St. John's Lutheran School staff to seek medical services in an emergency situation**
- 7) I have provided on this form the student's medical contact information, including doctor/clinic name and address, and student's medical insurance information. If any changes need to be made in the future, I will provide updated medical information.**
- 8) I have provided on this form the student's dental contact information, including doctor/clinic name and address, and student's dental insurance information. If any changes need to be made in the future, I will provide updated dental information.**

I understand that by signing this registration form, I agree to the terms listed above.

Signature of parent or guardian _____

Date _____