

Date of enrollment: _____

Grace Lutheran Preschool

Registration Form

***Please complete both sides of the form.**

_____/_____/_____
Child's Full Name Nickname Birth Date

Street Address Town, State Zip Code Phone Number

Mother's Name Mother's Address and Phone Number (if different from child)

Mother's place of employment Work Address Work Phone Number

Father's Name Father's Address and Phone Number (if different from child)

Father's place of employment Work Address Work Phone Number

Please list other children living in the household:

Name/DOB/Relationship Name/DOB/Relationship

Name/DOB/Relationship Name/DOB/Relationship

EMERGENCY INFORMATION

Emergency person to call when neither parent can be reached:

Name Address Relationship to child Phone Number

Does this emergency contact person have permission to pick your child up from Grace Lutheran Preschool? _____

Name of Child's Physician Address Phone Number

Name of Child's Dentist Address Phone Number

Does your child have any allergies? _____ Does our child take any medication on a daily/regular basis? _____

Does your child have any physical or emotional problems? _____

(If you answered yes to any of these questions, please explain on the back side under Parental Comments.)

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN AND DATE:

I request that the Director/Head Teacher or other staff member of Grace Lutheran Preschool seek emergency treatment for my child should they feel it is necessary. I give permission for my child, _____, to receive emergency treatment at Middlesex Hospital. I also give permission for staff members of Grace Lutheran Preschool to, in the event of an emergency, transport my child by a state inspected, insured and registered automobile or arrange for transportation by ambulance. Permission is also given for a Red Cross trained staff member to administer CPR and/or First Aid if necessary.

Signature of Parent or Guardian

Date

PICK-UP AUTHORIZATION

The following people are authorized to pick my child up from Grace Lutheran Preschool:

1. _____
Name Address Phone Number

2. _____
Name Address Phone Number

3. _____
Name Address Phone Number

4. _____
Name Address Phone Number

PERMISSION

I give permission for my child, _____, to participate in all activities sponsored by Grace Lutheran Preschool, located at 1055 Randolph Road, Middletown, CT.

Signature of Parent or Guardian

Date

Parental Comments: