

Emmanuel Lutheran Preschool

Registration Form

Official Use

Date: _____

Fee: _____

Class: _____

ELC: _____ Cont: _____

Child's Name: _____
Last, First, Middle, Nickname

Male Female Birth Date: Month: _____ Day: _____ Year: _____ Age: _____

Guardian's Name: _____ Relationship to Child: _____

Occupation: _____ Work Phone: _____

Home Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

Guardian's Name: _____ Relationship to Child: _____

Occupation: _____ Work Phone: _____

Home Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

Select any session your child will attend:

Daily Schedule: 9 :00 - 11:30AM

Mon/Wed/Fri

Tue/Thu

Five days

Select any extended hours care needed:

None/Unsure at this time

7:45AM - 9:00AM

11:30AM - 12:15PM

How old will your child be on September 1st? _____

Will you have more than one child enrolled at Emmanuel Preschool at this time? No Yes

Please explain any special circumstances that may pertain to your child's tuition payment (e.g., different last name, more than one person responsible for payment, etc.) _____

I understand that tuition may be paid in advance by semester, or is due in regular monthly payments. I also understand that the registration fee is non-refundable.

Signature: _____ Date: _____

***** Please complete the back of this form. *****

Emmanuel Lutheran Preschool Registration Form, cont.

Please describe your child's strengths and weaknesses: _____

Food allergies: _____

Other allergies: _____

Physical limitations (e.g., hearing , speech, eyesight): _____

Family's dominant language: _____ Other language(s) spoken? _____

How did you hear about us? _____

List in order of birth, all children in the family (if more than 4, please list in space provided):

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Church Home (optional): _____

If parents cannot be reached in case of an emergency:

Contact Name: _____ Relationship: _____

Phone: _____

Physician's name: _____

Phone: _____

*****Please include a copy of an updated immunization record and the non-refundable registration fee along with registration form. (\$75 fee for 2 or 3 days a week- \$100 fee for 5 days a week)*****

Return all forms to:

Emmanuel Lutheran Preschool, 1036 W A St., Moscow, ID 83843