Emmanuel Lutheran Preschool Registration Form

Official Use
Cont:

Last, First, Middle, Nickname Male O Female O Birth Date: Month:	Child's Nam	ne:					
Guardian's Name:		1	Last,	First,	•		
Occupation:	Male O	Female $oldsymbol{O}$	Birth Date:	Month:	Day:	Year:	Age:
Home Address: Primary Phone #: Guardian's Name: Mork Phone: Home Address: Primary Phone #: Select any session your child will attend: Select any session your child will attend: Select any session your child will attend: O None/Unsure at this time O Mon/Wed/Fri O Tue/Thu O Five days How old will your child be on September 1st? Will you have more than one child enrolled at Emmanuel Preschool at this time? No O Yes O 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.)	Guardian's	Name:			Relationship to Ch	nild:	
Primary Phone #:	Occupation	:		Wo	ork Phone:		
Guardian's Name:	Home Addr	ess:					
Guardian's Name:	Primary Pho	one #:		Alternate Ph	none #:		
Occupation:	Email:						
Primary Phone #:Alternate Phone #:	Guardian's	Name:	·		Relationship to Ch	ild:	
Primary Phone #:	Occupation	upation:Work Phone:					
Select any session your child will attend: Daily Schedule: 9:00 - 11:30AM O Mon/Wed/Fri O Tue/Thu O Five days How old will your child be on September 1st? Will you have more than one child enrolled at Emmanuel Preschool at this time? No O Yes O 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.)	Home Addr	ess:					
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O Tue/Thu O Five days How old will your child be on September 1st? Will you have more than one child enrolled at Emmanuel Preschool at this time? No O Yes O 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.	Daily Schedule: 9:00 - 11:30AM				O No	one/Unsure at	this time
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Signature: Date:			•	•	eter, or is due in regu	ular monthly p	ayments. I also
	Signature: _				D	ate:	

***** 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 languag	ge(s) spoken?	
How did you hear about us?		
ist in order of birth, all children in the family (if more than 4, pla	ease list in space provided)	:
Name:	Sex:	Age:
Name:		
Name:		
Name:	Sex:	Age:
Church Home (optional):		
f 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