

# 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
- 8:30AM - 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