



Emmanuel Lutheran Preschool Registration Form

(Please print all information)

| |
|--|
| Completed on: _____ |
| Received by: _____ |
| <input type="checkbox"/> \$150 Registration Fee Paid |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> Online Payment |

STUDENT INFORMATION

| | | | | |
|--|-----------------|---------|---|---|
| Last Name: | First: | Middle: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Preschool Program: <input type="checkbox"/> 3K <input type="checkbox"/> 4K |
| Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other | | | | |
| Date of Birth: | Place of Birth: | | Applying for School Year: | |
| Allergies: | | | Physical Limitations: | |

MEDICAL AND EMERGENCY CONTACT INFORMATION

Medical Release: In the event of my absence, the child named on the front page of this document may be admitted to any hospital or medical facility. I request and authorize physicians, dentists, orthodontists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry, or other such licensed technicians or nurses, to perform diagnostic procedures and treatment procedures of the aforementioned child.

| | |
|-------------------------|---------------|
| Physician Name: | Phone Number: |
| Hospital Preference: | |
| Insurance Company Name: | Policy #: |
| Dentist Name: | Phone Number: |
| Orthodontist Name: | Phone Number: |

PARENT/GUARDIAN INFORMATION

| | | | |
|---|------------------------|----------------------------------|------------------------|
| Father/Guardian Name: | Mother/Guardian Name: | Residence Telephone: | |
| Residence Address: | | City, State, Zip: | |
| Father/Guardian Cell: | Father/Guardian Email: | Mother/Guardian Cell: | Mother/Guardian Email: |
| Father/Guardian Occupation: | Employer: | Work Phone: | |
| Mother/Guardian Occupation: | Employer: | Work Phone: | |
| If parents are divorced or separated, <u>to whom should admissions correspondence be sent?</u> | | With whom does the child reside? | |
| If you wish correspondence to be sent to an address other than the above, please indicate here: | Street Address: | City, State, Zip: | |
| Email Address: | | | |

REASONS FOR ENROLLING

Why do you wish to enroll your child in Emmanuel Lutheran Preschool?

CHURCH INFORMATION

Name of church currently attending:

Are you active members of your church? Yes No

Is your child baptized? Yes No

Does your child regularly attend church? Yes No

Does your child regularly attend Sunday School? Yes No

SCHOOL DIRECTORY INFORMATION

Would you like your home address printed in the school directory? Yes No

Would you like your email address(es) printed in the school directory? Yes No

Would you like your home/cell number(s) printed in the school directory? Yes No

Would you like to receive school messages via text through REMIND? Yes No

Would you like to receive the "Pawprints" school newsletter via email? Yes No

PHOTO RELEASE

During the school year your child may be photographed or videotaped for various school-sponsored events or activities. With your consent, the photograph or video may be reproduced and released for use in the media (i.e. newspapers, magazines, brochures, television, internet), the Emmanuel Lutheran School website, and social media platforms such as Facebook and Instagram.

The yearbook is a school publication and NOT covered by this photo release. All student photos will appear in the yearbook regardless of your selection.

My child's photograph/video may be reproduced and released for use in the media. Yes No

PARENT/GUARDIAN SIGNATURES

Signature of Father/Guardian:

Date:

Signature of Mother/Guardian:

Date: