

St. Peter Lutheran Preschool

Registration Form

Child's full name _____ Date of enrollment _____

Date of Birth _____ Gender _____

Child's home address _____

Home phone number _____ Cell Phone number _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ Phone _____

Father's address _____

Father's occupation/place of employment _____

_____ Phone _____

Mother's name _____ Phone _____

Mother's address _____

Mother's occupation/place of employment _____

_____ Phone _____

FAMILY INFORMATION

Siblings (please indicate ages and whether they live with the child) _____

Please list and other persons living with the child and their relationship (if any) to the child _____

PICKUP AUTHORIZATION

Persons authorized to pick up child _____

Persons who may NOT pickup child _____

EMERGENCY CONTACTS

Name: _____ Relationship to Child: _____

Cell Number: _____ Work Number: _____

Name: _____ Relationship to Child: _____

Cell Number: _____ Work Number: _____

MEDICAL INFORMATION

List all allergies and any special precautions or treatments indicated for these allergies:

List any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:

List any chronic physical problems and any history of hospitalization:

List any diseases the child has had:

PARENT ROSTER STATEMENT

In accordance with Rule 5101: 2-12-54 of the Administrative Code, rosters for each group of children, which includes names and telephone numbers of parents, custodians, or guardians of children attending St. Peter Lutheran Preschool must be prepared annually and given to parents, custodians, and guardians upon request.

I, _____ would like my name and telephone number included in this roster,

I, _____ would not like my name and telephone number included in this roster.

FIRST AID

In the event of an emergency, I authorize the staff of St. Peter Lutheran Preschool to provide any first aid deemed necessary for my child.

Signature

Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician I have listed and the local hospital are hereby authorized to provide and emergency care deemed necessary for my child.

Physician

Preferred hospital

Signature

Date

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature

Date

FIELD TRIP PERMISSION

I understand that field trips are an integral part of the curriculum, and that I will be notified of each field trip in advance. The required JFS 01226 form will be provided and must be filled out in order for my child to attend. I further understand that my child will be secured in a seat belt or child safety device while being transported in a car on a field trip. With this understanding, I hereby give permission for the staff and volunteers of St. Peter Lutheran Preschool to take my child on field trips while he/she is in the program.

Signature

Date