

Christ Lutheran Preschool
 8211 112th St SW
 Lakewood, WA 98498
 Phone: (253) 582-0331
 Fax: (253) 581-8913
 mrs Michele Green@gmail.com



Please complete this form and return it with:

- ◆ Current Immunization form
- ◆ \$100.00 Non-Refundable registration fee
 (50% refundable for pre-7/1/18 withdrawal)
- ◆ 3 Year olds—\$140 per month (10 months)
 T / Th Desired class AM PM
- ◆ 4 Year olds—\$185 per month (10 months)
 M/W/F Desired class AM PM

PRESCHOOL REGISTRATION FORM

STUDENT
 MOTHER
 FATHER
 FAMILY

Birthday _____ Current Age _____ Male _____ Female _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____

Mother's Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip _____ Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip _____ Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Marital Status _____ Married _____ Single _____ Divorced _____ Widowed _____ Separated

Name and Age of Siblings:

Who does the child reside with? _____

In the case of a divorce, who has legal custody? ** _____

** Is either parent forbidden by court order from having equal access to the child or school records? Yes No
 ** Is there an active restraining order / parenting plan we should have on file? Yes No
 ** It is the parent's responsibility to provide the school with a copy of any current restraining order, parenting plan or other court order regarding your child.

FAMILY INFORMATION

Does your family attend church? Yes No If yes, where? _____

How did you learn about our preschool? _____

In the event we need help in the classroom, would you be willing to volunteer your time? _____

Classroom help: Days _____

Fundraisers:

Field Trips: *All classroom volunteers are subject to a background check submitted through Protect My Ministry. Forms available in church office. Please submit with \$8 check to cover background check fee.*

Returning families

Would you like another preschool t-shirt? Yes No

PHOTO RELEASE STATEMENT

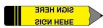
I hereby grant Christ Lutheran Church & Preschool rights to use and publish pictures and other media used to capture my child’s likeness, or in which my child may be included in whole or in part. I also consent to the use of any printed matter in conjunction therewith.

I hereby release Christ Lutheran Church & Preschool and their legal representatives from any liability.

I also authorize alterations, optical illusions, or use in composite form or otherwise, that may occur or be reproduced in the taking of said photographs or in any subsequent processing thereof, as well as any publication thereof at all.

I do realize my child is being photographed and do give permission to Christ Lutheran Church & Preschool to do this freely and in good will.

I authorize CLC to use photographs of my children on social media.



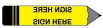
Signature

Relationship

Date

PERMISSION TO PUBLISH PHONE & ADDRESS

I give permission for my child’s address and phone number to be published on a class roster and distributed to preschool families ONLY.



Signature

Relationship

Date

Please respect the intention that class rosters are for preschool use only (play dates, carpools, etc.).
Our rosters are distributed to preschool families only.
If there are any changes to your roster information, please let us know as soon as possible.

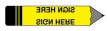
EMERGENCY CALL LIST - DROP OFF / PICK UP RELEASE

In the event that we are unable to reach you, in case of illness or emergency, please list in order the people you want us to contact to pick up your child.

We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for identification at anytime of anyone.

I give my permission to the following people who are authorized to drop off and/or pick up my child during class time hours. Any other person who is not on the list will not be allowed to do so:

1.	_____	_____	_____
	Name	Relation	Phone
2.	_____	_____	_____
	Name	Relation	Phone
3.	_____	_____	_____
	Name	Relation	Phone
4.	_____	_____	_____
	Name	Relation	Phone
5.	_____	_____	_____
	Name	Relation	Phone



_____ Date _____
(Signature of Parent and/or Legal Guardian)

HEALTH INFORMATION

Child's Doctor _____ Phone _____

Allergies/Food Restrictions _____

Medical Conditions Please list any conditions that affect your child medically or emotionally.

Medications _____

I hereby give permission for members of the staff of Christ Lutheran Preschool to seek emergency medical treatment (911 Lakewood Fire & Rescue) for my child in the event I cannot be contacted.



_____ Date _____
(Signature of Parent and/or Legal Guardian)

ACKNOWLEDGMENT OF HANDBOOK AND TUITION

Please read the following statements carefully and initial next to each statement that you understand and agree.

_____ I have received and read the handbook of the Preschool at Christ Lutheran Church. I understand and agree to follow the policies and guidelines as written in the handbook. I have also discussed these policies with my child(ren), _____.

_____ I agree to pay a non-refundable registration fee of \$100.00. This fee, due at time of registration, includes monies to cover all supplies, field trips and preschool shirt for this school year. If I notify the Preschool a withdrawal is necessary before July 1, 2018, I will receive a 50% refund.

_____ I agree to make tuition payments each month by automatic bank payments.

_____ Students who enroll after the 15th of the month will be charged for 1/2 month's tuition.

_____ If payments are delinquent more than 30 days, I understand my child(ren) may be withdrawn from the program.

_____ I agree to support and encourage my child(ren) in his/her endeavors at Christ Lutheran Church's Preschool.

Please initial each of the above paragraphs and sign and date below.

Parent Signature

Date

FOR PRESCHOOL USE ONLY:

SCHOOL YEAR 2018-2019			
REGISTRATION FEE CHECK #	_____		
RECEIPT FOR CASH	_____		
DATE RECEIVED	_____		
IMMUNIZATION RECORDS	_____		
T-SHIRT SIZE	XS	S	M L
DISCOUNT	MEMBER	MILITARY	SIBL

RETURNING STUDENT	YES	NO
PERMISSION TO PUBLISH	YES	NO
PHOTO RELEASE	YES	NO
HEALTH /EMERGENCY INFO	YES	NO
HANDBOOK ACKNOWLEDGEMENT	YES	NO
ALLERGIES	YES	NO

3 YEAR OLDS (T/TH)	AM	PM
4 YEAR OLDS (M/W/F)	AM	PM

Revised March 2018