

School House Christian Preschool
A Ministry of Christ Lutheran Church of Lower Saucon
Registration Form

School Year _____ Class _____ Date & Time Received _____

Child's Name _____ Nickname(s) _____

Date of Birth _____ Gender _____

Mother/Guardian's Full Name _____ Occupation _____

Address _____

Daytime Phone _____ Cell Phone _____ Evening Phone _____

Email Address _____

Father/Guardian's Full Name _____ Occupation _____

Address _____

Daytime Phone _____ Cell Phone _____ Evening Phone _____

Email Address _____

Sibling(s) Names and Ages _____

Religious Affiliation _____

School District _____

Emergency Contacts if Parents/Guardians are Unavailable (authorized to pick up child if emergency)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Person(s) Who Will Pick Your Child Up from Preschool

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Pediatrician and/or Family Physician _____ Phone _____

Physician Address _____

List any allergies or medical/physical restrictions _____

Right handed _____ Left handed _____ Ambidextrous _____ Unsure _____

Main Interests of child _____

List any information that may be helpful in teaching your child (fears, routines, etc) _____

List any areas of development in which your child may need extra attention _____

Exposure to other children outside the family: _____ Often _____ Sometimes _____ Never

Exposure to other adults outside the family: _____ Often _____ Sometimes _____ Never

Group experiences with peers (Sunday School, play group, story time, etc) _____

Would you (parents and family members) be willing to share any cultural customs, special talents, or hobbies with our classes? if so, what? _____

I/We give our permission to the staff of School House Christian Preschool to transport or make arrangements for the transportation of my child to emergency medical care, and I/we give permission for the medical treatment declared immediately necessary, in the event that neither i/we, or the persons listed above can be contacted. Hospital preferred: _____

I/We also hereby certify that my/our child (named above) is now, and for the entire school year, will be insured in a manner satisfactory to me to cover any injuries sustained while participating in school activities.

A \$75 nonrefundable registration fee is required at the time of registration. The first tuition installment is nonrefundable and will be due on June 1st. If circumstances arise that cause the departure of my child from School House after June 1st, I understand that I am responsible for one additional month's tuition, unless the vacancy created by my child's departure is filled.

Signature of Parent/Guardian

Signature of Parent/Guardian

Please write any other information of which we should be aware in caring for your child:

