



KURE MEMORIAL LUTHERAN  
P R E S C H O O L

Registration Form for 2016/2017 School Year

**New Student**                       **Existing Student**                      **Child's Birthday** \_\_\_\_\_

2 year – old class:      Tuesday & Thursday                      9am to 1pm                      (\$160/month)

3 year – old class:      Monday, Wednesday, Friday                      9am to 1pm                      (\$180/month)

4 year-old class/Pre-K:      Monday-Thursday                      9am to 1pm                      (\$225/month)

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Email Contact:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact Persons:**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

Office Use Only:  \$60 Registration Fee     Immunization Record                      **Date:** \_\_\_\_\_

**Health and Developmental History**

1. Are your child’s immunizations up to date? Yes No  
(please attach copy of current immunization record)

2. Does your child have any allergies? Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is your child fully potty-trained? Yes No

(please note that children registering for the 3’s and 4’s should be completely toilet trained)

4. Is there any other medical/health information regarding your child you would like to provide to help us better care for and understand your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background Information**

Please list other children in the household

- 1. \_\_\_\_\_ Age \_\_\_\_\_
- 2. \_\_\_\_\_ Age \_\_\_\_\_
- 3. \_\_\_\_\_ Age \_\_\_\_\_

Church Affiliation of Family \_\_\_\_\_

Special Circumstances of Family (custody issues/divorce/family illnesses) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Release**

Who, other than the child’s parent, has permission to pick up the child from preschool.

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

### Healthcare Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Care Consent/Release

I am willing for my child, \_\_\_\_\_, to receive medical attention and be taken to the hospital in the case of an emergency I/we cannot be reached. I will not hold KMLP or its employees liable for incidents beyond their control and understand the staff will respond to all emergencies to the best of their abilities. I am responsible for my child's medical expenses incurred as a result of injuries or illnesses. I hereby grant permission for the staff to take whatever steps necessary to obtain emergency medical care for my child. These steps may include, but are not limited to the following:

- a. Attempt to contact parent or guardian
- b. Attempt to contact persons authorized on registration form

If the above is unsuccessful, the preschool may do any or all of the following:

- a. Call a physician or paramedic.
- b. Call an ambulance and allow the child to be transported to nearest available hospital.

The physician and/or medical facility are authorized to administer medical treatment necessary to assure the health, safety and wellness of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo/Video Consent

I approve of Kure Memorial Lutheran Church and Preschool to take pictures and/or videos of my child, \_\_\_\_\_ while at school as a means for craft projects, church bulletins, Preschool 's website and facebook page and in local newspaper in order to promote, inform others of what is happening here at Kure Memorial Lutheran Preschool.

Yes      No      Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Scholarship/Financial Assistance

We understand that the expense of preschool may be a strain on a family budget; therefore we at KMLP are committed to helping eligible families reduce the cost through scholarships. Please indicate below if your family would like to receive more information regarding our scholarship application process.

Yes      No      Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_