

FOOTHILLS LUTHERAN CHRISTIAN PRESCHOOL

REGISTRATION FORM 2016-2017

A copy of child's birth certificate, \$60 non-refundable registration fee plus the last month's tuition is needed to complete registration.

\*\*\*\*\* PLEASE PRINT CLEARLY \*\*\*\*\*

CHILD'S INFORMATION

Child's legal name \_\_\_\_\_
Gender \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Last Given (circle one used)
Baptismal Date \_\_\_/\_\_\_/\_\_\_ Place of birth \_\_\_\_\_
Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Phone \_\_\_\_\_
Child lives with both parents \_\_\_ mother \_\_\_ father \_\_\_ others (specify) \_\_\_\_\_
Language(s) spoken at home \_\_\_\_\_
Name & date of birth of siblings \_\_\_\_\_
Has your child attended daycare \_\_\_ day home \_\_\_ preschool \_\_\_ previously?

FAMILY INFORMATION (Write "same" if home address is the same as above)

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_
Home address \_\_\_\_\_ Home address \_\_\_\_\_
Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_
Bus. phone \_\_\_\_\_ Cell \_\_\_\_\_ Bus. phone \_\_\_\_\_ Cell \_\_\_\_\_
Bus. Address \_\_\_\_\_ Bus. Address \_\_\_\_\_
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_
Religious Affiliation \_\_\_\_\_ Religious Affiliation \_\_\_\_\_
Name of Church \_\_\_\_\_ Name of Church \_\_\_\_\_

IF PARENTS CAN NOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL/PHYSICAL INFORMATION

My child's immunizations up to date: Yes \_\_\_ No \_\_\_
Medical history/ allergies/ special medical needs/food restrictions, etc. \_\_\_\_\_
Special concerns, problems, needs we should know about \_\_\_\_\_
Medications (even if only given at home) \_\_\_\_\_
My child is toilet trained and can use the bathroom independently. \_\_\_\_\_
All information appearing above is accurate.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_
yyy/mm/dd

(see over)

**CONSENT**

I/we, the parent(s)/guardian(s) of \_\_\_\_\_ hereby give approval/permission . . .

- For my child to attend Foothills Lutheran Christian Preschool.
- For my child to participate in school prayers, devotions, or other activities providing spiritual growth.
- For my child to accompany his/her class on outings of educational interest during the school term, under the supervision of teacher(s) and volunteers.
- For staff to administer first aid for an injury or illness during class time. I understand that, if deemed necessary by staff, my child will be transported for emergency treatment by ambulance at my cost and that I/we will be contacted as soon as possible.
- Not to hold Foothills Lutheran Christian Preschool staff members, Foothills Lutheran Church, and Lutheran Church-Canada to any legal liability for any injury or damage arising by, or as a result of, any preschool activities.
- For images of my child, captured during regular and special preschool activities, through video, photo and digital camera, to be used solely for the purposes of Foothills Lutheran Christian Preschool, Foothills Lutheran Church, or Lutheran Church-Canada promotional material and publications, and waive any rights of compensation or ownership thereto.
- To transport my child for fieldtrips, outings or special occasions.
- To volunteer in some capacity each month that my child is in attendance.
- To give 30 days notice to withdrawn my child.
- To provide post dated tuition cheques for the year on or before the first day of class.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
yyyy/mm/dd

I fully understand the terms and conditions as explained in the registration form.

How did you hear about our preschool? \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Proof of birth \_\_\_\_\_

Non-refundable registration fee paid \$ \_\_\_\_\_

Tuition Deposit paid \$ \_\_\_\_\_

Posted monthly cheques received \_\_\_\_\_

Admission granted \_\_\_\_\_  
yyyy/mm/dd

Authorized by \_\_\_\_\_  
(signature)

