

FOOTHILLS LUTHERAN CHRISTIAN PRESCHOOL

REGISTRATION FORM 2018-2019

A copy of child's birth certificate, \$70 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 ___/___/___ 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 _____

yyyymmdd
(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' written 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)