

Date of enrollment: \_\_\_\_\_

## Grace Lutheran Preschool Registration Form

\*Please complete both sides of form.

Child's Full Name	Nickname	Birth Date
Street Address	Town, State	Zip Code
Phone Number		
Mother's Name	Mother's Address and Phone Number (if different from child)	
Mother's Place of Employment	Work Address	Work Phone Number
Father's Name	Father's Address and Phone Number (if different from child)	
Father's Place of Employment	Work Address	Work Phone Number

**Please list other children living in the household:**

Name/DOB/Relationship	Name/DOB/Relationship
Name/DOB/Relationship	Name/DOB/Relationship

### EMERGENCY INFORMATION

**Emergency person to call when neither parent can be reached:**

Name	Address	Relationship to child	Phone Number
<b>Does this emergency contact person have permission to pick your child up from Grace Lutheran Preschool?</b> _____			

Name of Child's Physician	Address	Phone Number
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Name of Child's Dentist	Address	Phone Number
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**Does your child have any allergies? \_\_\_\_\_ Does your child take any medication on a daily/regular basis? \_\_\_\_\_ Does your child have any physical or emotional problems? \_\_\_\_\_**  
(If you answered yes to any of these questions, please explain on the back side)

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN/DATE:**

I request that the Director/Head Teacher or other Staff Member of Grace Lutheran Preschool seek emergency treatment for my child should they feel it is necessary. I give permission for my child, \_\_\_\_\_ to receive emergency treatment at Middlesex Hospital. I also give permission for Staff Members of Grace Lutheran Preschool to, in the event of an emergency, transport my child by a state inspected, insured and registered automobile or arrange for transportation by ambulance. Permission is also given for Red Cross trained staff member to administer CPR and/or First Aid if necessary.

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**Signature of Parent or Guardian/Date**

**PICK-UP AUTHORIZATION**

The following people are authorized to pick my child up from Grace Lutheran Preschool:

1. \_\_\_\_\_  
Name Address Phone Number
2. \_\_\_\_\_  
Name Address Phone Number
3. \_\_\_\_\_  
Name Address Phone Number
4. \_\_\_\_\_  
Name Address Phone Number

**PERMISSION**

I give permission for my child \_\_\_\_\_ to participate in all activities sponsored by Grace Lutheran Preschool, located at 1055 Randolph Road, Middletown, Connecticut.

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**Signature of Parent or Guardian/Date**

**Parental Comments:**