

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
Does this emergency contact person have permission to pick your child up from Grace Lutheran Preschool? _____			

Name of Child's Physician	Address	Phone Number
Name of Child's Dentist	Address	Phone Number

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.

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.

Signature of Parent or Guardian/Date

Parental Comments: