

For office use only:
Date _____
Fee _____ Ck# _____
Confirm _____

Registration Application for Kindergarten

Reg. Fee \$75

STUDENT _____
First Middle Last Male (M) / Female (F)

BIRTHDATE ____ / ____ / ____

ADDRESS _____ ZIP _____

MAIIN PHONE _____ EMAIL ADDRESS _____

FATHER'S NAME _____ CELL PHONE _____

EMPLOYER _____ PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

EMPLOYER _____ PHONE _____

PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP YOUR CHILD:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

ANY MEDICAL ISSUES, SPECIAL NEEDS OR ALLERGIES? _____

I, the undersigned parent/guardian of the student named above, agree to pay the monthly tuition fee before the 10th day of each month, September through June.

To the best of my knowledge, my child is in good physical condition and has had a recent physical exam, including current immunizations. (Please attach copy of immunization record.)

I will not hold Redeemer Lutheran Kindergarten, Redeemer Lutheran Church, or its staff liable for any accident or injury that may occur while my child is attending school. I further give my permission to the teachers in charge to contact my child's physician and transport to the nearest hospital or Urgent Care Clinic to have my child treated for an emergency when a parent/guardian cannot be reached. I agree to pay such emergency fees if incurred.

I give permission for photos of my child to be used for promotion of the school /church on the property and on the website. (No names will be revealed.)

PARENT'S SIGNATURE _____ DATE _____

THE FOLLOWING INFORMATION WILL HELP OUR STAFF IN GETTING TO KNOW YOUR CHILD.

NAME _____

PREVIOUS SCHOOL / DAY CARE EXPERIENCES _____

FAVORITES AND INTERESTS _____

TENDS TO BE LEFT OR RIGHT HANDED? _____

IS THERE ANYTHING IN PARTICULAR THAT YOU WOULD LIKE YOUR CHILD TO ACCOMPLISH THIS YEAR?

WOULD YOU BE INTERESTED IN REGULARLY VOLUNTEERING IN YOUR CHILD'S CLASSROOM? IF YES...PLEASE NOTE DAYS/ TIMES THAT WORK BEST FOR YOU.

YOUR CHURCH HOME _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____
