

**ZION LUTHERAN PRESCHOOL
REGISTRATION FORM 2017 - 2018 SCHOOL YEAR**

Child's Full Name _____
(First) (Middle) (Last)

Address _____
(Number & Street) (City) (Zip)

Date of Birth _____ **Allergies** _____
(Month, Day, Year)

Mother's Name: _____ **Cell phone** _____ **Receive Texts?** Y N

Email Address: _____

Occupation: _____ **Bus. Telephone** _____

Father's Name: _____ **Cell phone:** _____ **Receive Texts?** Y N

Email Address: _____

Occupation: _____ **Bus. Telephone** _____

EMERGENCY CONTACT INFORMATION

"EMERGENCY" – may refer to bathroom accident, serious behavior issue or medical need.

In an emergency, the office will call Mom's cell phone first, followed by Dad's cell phone unless office is notified otherwise.

If parent is not reached please list a contact person that would be readily available to handle the situation.

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____

OTHER THAN CHILD'S PARENTS, PLEASE LIST PEOPLE WHO MAY PICK UP YOUR CHILD BELOW. Verbal consent by a parent can be given to the office if someone else is picking up your child if not listed below.

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT (Required for admission)

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signature _____
(Parent or Guardian)