

**ZION LUTHERAN PRESCHOOL  
REGISTRATION FORM 2018 - 2019 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 \_\_\_\_\_

**By signing below I do hereby give consent** for my child to go outside for playground visits and out on the sidewalk during monthly fire drills.

**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)