



MESSIAH LUTHERAN LITTLE LAMBS PRESCHOOL

9209 STATE AVENUE
MARYSVILLE, WA 98270
(360) 658-1814 *Preschool*
(360) 659-4112 *Church*
Web: messiah-lcms.org
Email: preschool@messiah-lcms.org

~FOR OFFICE USE ONLY~

4-5's AM(mwf)
 3-4's AM(t&th) Other: _____
Registration Rc'd: _____
Date / Amount _____
Immunization Form:
Emergency Card:
Projected Start Date: _____
Withdrawn: _____ Reason: _____

REGISTRATION FORM

Please complete and return this registration form with the registration fee to secure your child's enrollment. Make checks payable to: *Messiah Lutheran Preschool* **Registration Fees Are Non-Refundable** Other forms necessary to complete enrollment are Emergency Card and Washington State Certificate of Immunization Status.

CHILD'S NAME: _____ GOES BY: _____
Last First Middle Preferred Name

SEX: Male Female BIRTHDATE: _____ AGE: _____

MAILING ADDRESS: _____ PHONE: (____) _____

City State ZIP E-mail

PARENT INFORMATION

FATHER: _____ | _____ | _____ | _____
first & last name Employer Work Phone Cell Phone

MOTHER: _____ | _____ | _____ | _____
first & last name Employer Work Phone Cell Phone

HOME ENVIRONMENT

- Status of Parents: Married Divorced Separated Widowed Other: _____
- Child Lives with: Mother & Father Mother Only Father Only Mother & Stepfather
 Father & Stepmother Legal Guardian Grandparent(s) Other: _____
- Primary Language in home: _____
- Siblings and Ages: _____

EMERGENCY INFORMATION

• EMERGENCY CONTACT: _____ Relationship: _____ Phone: _____

Note: Parents are always contacted first in an emergency.
Your emergency contact person will be notified only in the event you cannot be reached.

• Child's Physician: _____ Phone: (____) _____

• Insurance Provider: _____ Subscriber: _____
ID No.: _____ Group No.: _____

• Speech Concerns: _____ Do they receive speech services? Yes No

• FOOD ALLERGIES: _____

• OTHER ALLERGIES: _____

• DIETARY RESTRICTIONS: _____

• Check Any that Apply: Asthma* Bee/Bug severe reaction Diabetes Reduced Hearing or Vision

Explain in detail any of the above checked concerns and necessary treatment: _____

*Does your child use an inhaler? Yes No Notes: _____

• Is there anyone **NOT** allowed to have contact with your child? Yes No
If Yes*, _____

Name of Person Relationship to Student Brief Description

(*A copy of the legal document restricting contact would be appreciated for our records.)

RELIGIOUS INFORMATION

- Church Affiliation: _____
- Our Family Attendance at Church is: Regular Occasional Don't Attend
- Child Attends Sunday School: Yes No If Yes, Where? _____
- Is your child baptized? Yes No
Would you like to speak to our pastor about baptism? Yes No
- Have any of your children previously attended Messiah Lutheran Little Lambs Preschool?
 Yes No If Yes, child's name(s): _____

SOCIAL DEVELOPMENT/BEHAVIOR

- Has your child had previous preschool experience? Yes No If Yes, Where? _____
- What are your child's special interests? _____
- Does your child have any fears/anxieties Yes No
If yes, please explain: _____
- Do you have any behavioral or developmental concerns for your child? Yes No
If yes, please explain: _____

If there is any other information that you feel would be helpful to us in working with your child, please indicate here:

FOR OUR INFORMATION: CAN YOUR CHILD:

- Tell name Yes No
- Knows mom's name Yes No
- Knows dad's name Yes No
- Go to the bathroom alone Yes No
- Wash hands alone Yes No
- Manipulate buttons Yes No
- Manipulate zippers Yes No
- Hand preference Left Right

How did you learn about Messiah's Preschool? _____

I give my permission for my child's picture to be included in publications, school news releases, or video presentations:
 Yes No

I give permission to post photos of artwork and my student on the preschool's facebook page. I understand that photos will not be tagged (labeled with names), art work may have child's first name on work and only photos taken by the school are able to be posted to preschool's facebook page. Yes No

Would you like to be emailed Messiah Lutheran Church's monthly newsletter? Yes No
 Would you like to receive emails specifically about Vacation Bible School Only? Yes No

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my permission for the Little Lambs Preschool staff to secure emergency medical treatment for my child according to preschool policy in the event I cannot be reached.

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP

I give my permission for my child to attend all field trips away from school this year. I understand that notices will be provided in school's monthly calendar giving dates and times. I also understand that every possible precaution will be taken to ensure the health and safety of my child.

Parent Signature: _____ Date: _____

I signify that the information provided is accurate at this time, and I will notify the school office if any changes occur.

Parent Signature _____ Date _____