

MESSIAH PRESCHOOL

2017~2018 REGISTRATION FORM

905 NW 94th Street · Vancouver WA 98665 · 360-574-2686
preschool@messiahvancouver.org



Today's Date _____

How did you hear about our program? Who referred you? _____

Classes: Please mark box next to preferred class and circle desired time below: (Birthday deadline is August 31st)

- 2 yr. old Toddler Co-op**--2 day (T/W) 9:15-11:15 AM (Parent volunteer requirement--once a month)
- 2 yr. old Toddler Co-op**--2 day (Th/F) 9:15-11:15AM (Parent volunteer requirement--once a month)
- 3 yr. old Beginner**--2 day (Th/F) 8:45-11:30 AM
- 3 yr. old Beginner**--3 day (M/T/W) 8:45-11:30 AM **OR** 12:30-3:15 PM
- 4 yr. old Pre-Kindergarten**--3 day (M/T/W) 8:45-11:30 AM **OR** 12:30-3:15 PM
- 4 yr. old Pre-Kindergarten**--4 day (M/T/W/Th) 8:45-11:30 AM **OR** 12:30-3:15 PM
- 4 yr. old Extended Pre-Kindergarten**--4 day (M/T/W/Th) 8:45-12:45 PM

Child's Name: _____
Last Name First Name Middle Name

Child's Birthdate: ____/____/____ Current Age: _____ Boy Girl

Email Address: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Father's Name (first and last): _____ Mobile # _____

Company / Occupation _____ Work Phone _____

Mother's Name (first and last): _____ Mobile # _____

Company / Occupation _____ Work Phone _____

Emergency contacts – other than parents

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile #: _____

Authorized to pick up your child from preschool? Yes No

2. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile #: _____

Authorized to pick up your child from preschool? Yes No

Does your child have any special needs? If so, please explain: _____

Your Child is: Left-handed Right-handed Not known

I will read the Parent Handbook which has been made available to me (via download or hard copy) and agree to abide by the school's guidelines and rules.

Legal Guardian's Signature: _____

Print Name: _____ Date: _____

Non-Refundable Registration Fee: \$95.00 (\$95 Includes mandatory \$15 emergency kit)

Date Registration Fee Received: ____/____/____ Amount of Payment: \$ _____ Check No. _____ Cash _____

Date Immunization Record Received: ____/____/____

MESSIAH PRESCHOOL

Child's Name: _____

FAMILY BACKGROUND

Names & Ages of Siblings:

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Others living in the home:

What does your child enjoy doing?

What are a few of your child's favorite playthings?

Any major changes in the last year to your child's life (moved, new baby...)?

DEVELOPMENTAL RECORD

(Please attach additional pages if necessary.)

Allergies - Please list and describe reactions.

Explain any physical/health limitations.

Any speech/language concerns? Please explain.

Has your child had any previous group experience? (Example: Sunday School)
With what ages and types of groups?

MESSIAH PRESCHOOL



GOALS FOR THE PRESCHOOL YEAR

While our goal is to prepare your child for kindergarten, we would like to know what is important to you regarding your child's development during the school year. What are some of the goals you would like to see Messiah Preschool working toward concerning your child? Please think about this question and fill out the next portion.

Social:
Emotional:
Physical:
Intellectual:
Spiritual:

Do you have any other specific concerns about your child that you would like your child's teacher to know about?

MEDICAL RELEASE EMERGENCY INFORMATION

I, (we) the parents or legal guardian of _____ do hereby authorize and consent to any medical treatment deemed necessary in the event of emergency, accident, or sudden illness.

I, (we) are aware that Messiah Preschool will make every effort to provide medical treatment at the closest facility available. Messiah Preschool also will make every effort to work with the doctors and hospitals listed below.

Physician Preference _____ Phone _____

Dentist Preference _____ Phone _____

Hospital Preference _____ Phone _____

Medical insurance company: _____ Policy Number: _____

Primary insured's Name: _____

Dental insurance company: _____ Policy Number: _____

Please list all allergies/allergic reactions: _____

Brief statement of any medical conditions/concerns: _____

Medication required or being taken on a regular basis (Messiah Preschool will not administer medications): _____
(initials) _____

I, (we) do not hold Messiah Preschool or Messiah Lutheran Church responsible or liable for any action deemed necessary in the emergency care of my (our) child. I, (we) will assume any expense incurred by such emergency care.

Signature _____ Date _____

Relationship to child _____

In case of emergency please contact me at: _____ or _____

Authorized Pick-up information – *Persons authorized to pick up your child from preschool other than parents and emergency contacts listed on the first page of this packet. Current photo ID required for pick-up.*

1. Name: _____ Relationship: _____

Home Phone: _____ Mobile #: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Mobile #: _____ Work Phone: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Mobile #: _____ Work Phone: _____

FIELD TRIP PARTICIPATION AND LIABILITY RELEASE

Name of child _____

Address _____

Phone _____

I, _____, parent/guardian of the above named child hereby give permission for participation in field trips taken away from school premises. Parent/Guardian transportation and supervision required on all field trips.

Messiah Preschool will take all precautions to provide for the safety of my child. I hereby waive, release, absolve, indemnify and agree to hold harmless Messiah Preschool, Messiah Lutheran Church, its staff and adult volunteers, for any claim arising out of any injury or physical harm to my child that might result from participation in these activities.

- I (we) want our child to participate in field trip activities during the school year.

- I (we) **DO NOT** want our child to participate in field trip activities for the school year.

Legal Guardian's Signature

Date

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MESSIAH PRESCHOOL PHOTO RELEASE

We will be taking photos of various Messiah Preschool activities both in and out of the classroom. Such photos may be used for the purpose of telling the story of Messiah Preschool. **No personal information/names will be used.**

Please mark any boxes that apply. Signature required below to indicate you've read this portion.

- I **DO NOT** want my child's photograph to be used in the church newsletter (newsletter downloadable from church's website).

- I **DO NOT** want my child's photograph to be posted on the church's website.

- I **DO NOT** want my child's photograph to be posted on the church's social media pages.

Legal Guardian's Signature

Date

VOLUNTEER INFORMATION

Parents or other family members are always welcome to help out and volunteer in our program. Volunteers must complete a background check form (pink). All visitors and volunteers are expected to uphold our program's health and safety standards at all times.

Families are welcome to attend the designated family celebrations throughout the year; such as the Fall Open House, Christmas Program and Spring Fling Carnival. Details of such activities will be sent home on class calendars.

Please indicate area(s) where you could assist:

- | | |
|--|--|
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Production Work (cutting, laminating, etc.) |
| <input type="checkbox"/> Scholastic Book Order Helper | <input type="checkbox"/> Other (specify and explain) |
| <input type="checkbox"/> Spring Carnival Fundraiser Helper | _____ |

The children love to have their parents participate in school activities. Do you have a talent, skill, hobby, occupation, collection, etc. that you would be willing to share or demonstrate at school?

Please describe:

CHURCH NEWSLETTER

How would you like to receive *The Sounds*, the church's quarterly newsletter?

___mail

___email

___both