

Little Pilgrims Preschool 2017 – 2018 Registration Form

Class _____

Child's name _____ Sex _____ Birthdate _____
Last First Middle M/F Month/Day/Year

Home address _____ Phone _____
Street City Zipcode

Mother's name _____ Occupation _____ Work phone _____
Address _____

(If different than above)

Father's name _____ Occupation _____ Work phone _____
Address _____

(If different than above)

Names and ages of other children in the family _____

Has your child been in preschool before? _____ Where? _____

Health History of child (include allergies and medical restrictions)

Is there any emotional or character trait in your child that you would like us to know about?

List any or all persons authorized to pick up your child from preschool. Children will only be released to those listed below. Identification may be requested.

Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____

Permission to Participate in Field Trips

(child's name) _____ has my permission to participate in planned preschool field trips. I understand that a parent or guardian must attend all off site field trips. If I cannot attend I will designate an adult the responsibility of transporting my child. I understand that Little Pilgrims Preschool

employees will not be responsible for transporting my child. I hereby release Pilgrim Lutheran Church and its preschool from any liability.

Signed _____ Date _____

Parent or guardian

**Please attach a current copy of your student's
immunization record and the \$100 Registration fee**

Authorization Form

Emergency Treatment

Child's name _____ Phone _____

Parent or guardian _____ Work phone _____ Alternate phone _____

Parent or guardian _____ Work phone _____ Alternate phone _____

Physician _____ Phone _____

Insurance _____

List below the name and phone number of two friends or relatives that we can call in case of an emergency when you can't be reached (available during preschool hours with transportation and a valid driver's license).

Name _____ Phone _____

Name _____ Phone _____

I understand that every effort will be made to contact the parent if _____ (Child's name) needs medical or surgical treatment. However, if it is impossible to do so, I hereby give my permission to an emergency physician to secure proper treatment, or hospitalize, order injections, to anesthetize, or X-ray or do surgery for my child.

Child's birthdate _____

Parent/Guardian signature _____ Date _____

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Tuition Agreement:

Upon enrolling your child in Little Pilgrims Preschool, please be certain that you understand and agree to the following tuition policy.

1. A non-refundable registration fee of \$100.00 is required upon enrollment.
2. Tuition is due the second week of each month. A late charge may be levied at the end of the month.
3. A fee may be charged for any NSF checks.
4. If it is necessary to withdraw your child from school before the end of May, paid tuition will be refunded if the teacher is given 30 days notice.
5. Monthly tuition is an average of all the school days for the entire nine months, September through May. It takes into consideration school holidays, in-service days, and 5-week months.

Please sign here to indicate you have read and agree to the tuition agreement

Parent/Guardian signature _____ Date _____

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***Mission Statement**

As an outreach of Pilgrim Lutheran Church, our educational program will assist young children in their total developmental growth through the grace of Jesus Christ.

**Please attach a current copy of your student's
immunization record and the \$100 Registration fee**