

For office
use only

Messiah Lutheran Preschool

324 South Howard Street
South Williamsport, PA 17702
Phone: (570) 326-9171

E-mail: preschoolmessiah@comcast.net

Child's Information

Child's Name: _____

Address: _____

Date of Birth: _____ Age: _____

Child Lives with: Mother Father Both Other: _____

Custody Agreement: _____

Parent Information

Mother's Information	Father's Information
Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
Place of Employment:	Place of Employment:
Siblings:	

A \$30 registration fee must accompany this application. It is not applied to the preschool tuition and is only returnable if the child is not accepted into the preschool. Our program is Monday-Friday. Each school day runs from 8:30am -11:30am (Pre-Kindergarten) 8:45am – 11:45 am (Preschool) Tuition for the 2021-2022 school year is \$230 per month. All **checks** are made out to **Messiah Lutheran Preschool. We also offer automatic online payments through the Brightwheel app as well.**
(Be aware, automatic online payments charge a convenience fee)

Signature _____ Date _____

***Please note, all enrolled children must be potty-trained before starting the program.**

Emergency Contact Information

- ▶ If parents cannot be reached, who is in place to be called next?
- ▶ Please list emergency persons for which your child may be released.

<u>Name</u>	<u>Phone</u>	<u>Relationship to child</u>
▶	▶	▶
▶	▶	▶
▶	▶	▶
▶	▶	▶
▶	▶	▶

Permissions

- ▶ I grant permission for my child's teacher or her aide to help my child in the bathroom. This includes helping my child when using the toilet and changing his/her clothes if necessary.

Signature _____ Date _____

- ▶ I give permission for my child to have his/her picture taken any time throughout the school year. I understand that these pictures may be displayed in the classroom or hallway, used in craft activities, or used in preschool publications. A picture may also appear in a local newspaper when the preschool is having a special event.

Signature _____ Date _____

- ▶ I grant permission to take my child on field trips, walks, or supervised excursions which the class might take within our community or communities in this general area. I hereby release the school of liability in case of injury to my child that is not directly the cause of the school.

Signature _____ Date _____

- ▶ I have read and agree to the policies contained in the Messiah Lutheran Preschool Parent Handbook.

Print Name: _____ Relationship to Child _____

Signature _____ Date _____

Emergency Medical Information

- ▶ Instructions to parents: Complete all items on this form. If your child has a medical condition which might require emergency medical care, please note that. If necessary, have you health practitioner review it.

Doctor's Name: _____ Phone: _____

Address: _____

***In emergencies requiring immediate medical attention**, you child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at the preschool to have your child transported to that hospital.

Signature _____ **Date** _____

Medical condition:

Allergies or chronic problems (asthma, heart murmur, etc.)

Sign and symptoms to watch for: _____

If signs appear, do this: _____

To prevent incidents: _____

Medication your child is currently taking: _____

Please list below anything else about your child that we should know. Use additional pages if needed.

Note to practitioner: If you reviewed the above information, please sign and date below.

Print Name: _____ **Date:** _____

Signature: _____

*****Please attach a copy of your child's most recent immunization records.*****

Child's Name: _____

Background Information

Does your child know his/her first and last name? _____

Does your child have a nickname? _____

How would you like your child's name (first & last) to appear in the classroom (cubby, coat hook, etc.)

Has your child had any experience in a classroom environment before? _____

Is your child fully potty-trained? _____

Does your child have opportunities to play with other children his/her own age? _____

How does your child act in a supervised group? _____

While in such a group, what does your child enjoy most? _____

How does your child react when separated from mother/father? _____

What are your child's favorite activities? _____

How much time does your child spend watching TV each day? _____

What are your child's favorite TV programs? _____

Does your child enjoy being read to? _____

Does your child enjoy looking at books alone? _____

Has your child worked on anything academic? _____

Has your child had any significant travel experiences which he/she talks about? _____

Does your child have any regular or occasional responsibilities at home? _____

Names and ages of brothers or sisters: _____

Does your child have any pets? _____

Does your child enjoy animals? _____

Does your child have any general or specific fears? _____

Any additional, pertinent information (use additional pages if necessary): _____

Library Card Application

Dear Parent(s),

The James V. Brown Library Story Mobile visits Messiah Lutheran Preschool every other week throughout the school year. In order for your child to borrow books to take home, he or she must have a library card.

If your child already has a JVB library card, please provide us with a photocopy (or you may bring in the card and we can make a copy here for you after the start of the school year). If your child does not have a JVB library card, please return the completed form below.

Your child will not be able to borrow books without a library card.

Thank you!

Library Card Application

I apply for the right to use the James V. Brown Library ~ Williamsport, PA.

I agree to take care of the library materials that are checked out with my card and pay any fines or damages that occur.

Print Child's Name (Last, Middle Initial, First)

SS#	Birth Date	Circle: Male Female	
Address		Apt #	
City	State	Zip	
Phone	E-mail (optional)		
Boro/Township	County		
<input type="checkbox"/> 0-11 years	<input type="checkbox"/> 12- 17 years	<input type="checkbox"/> 18-49 years	<input type="checkbox"/> 50 and up
Parent Signature			

Free Library Card!