

# Messiah Lutheran Preschool

324 Howard Street

South Williamsport, PA 17702

Phone: (570) 326-9171

Email: [messiahpreschool@comcast.net](mailto:messiahpreschool@comcast.net)

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child lives with  Mother  Father  Both  Other: \_\_\_\_\_

Siblings and ages \_\_\_\_\_

## **Mother's Information:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

## **Father's Information:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

## **Emergency Contact Information:**

1. Name: \_\_\_\_\_
  - a. Relationship: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_
  - a. Relationship: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_
  - a. Relationship: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_
  - a. Relationship: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_

**Emergency Medical Information:**

Instructions to parents: Please complete all items on this form. If your child has a medical condition which might require emergency medical care, please note.

**Doctor's Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**In emergencies requiring immediate medical attention**, 911 will be called and your child will be taken to the nearest hospital emergency room. Your signature authorizes Messiah Lutheran Preschool to contact 911 and have 911 services, if necessary, transport your child to the nearest hospital emergency room.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Conditions/Allergies** you would like the staff to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permissions:**

- I grant permission for my child's teacher or classroom aide to help my child in the bathroom. This includes helping my child when using the toilet and, if necessary, to assist with changing my child's clothes.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I give permission for my child to have their picture taken throughout the school year. I understand that these pictures may be displayed in the hallway, used in craft activities, used in preschool publications and during special events. The pictures may also be used in the local newspapers.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I grant permission for my child to go on field trips, walks or supervised excursions within our community or communities in the general area. I hereby release the school of liability in case of injury to my child when the injury is not a direct result of negligence on the part of the school.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

A **\$30.00** registration fee and the **most recent copy of your child's immunization record** must accompany this registration form. This fee does not apply to the preschool tuition and is only refundable if your child is not accepted into preschool. Messiah Preschool is open Monday – Friday from 8:30 AM until 11:30 AM. All checks should be made out to **Messiah Lutheran Preschool**.

By signing this document, I confirm that the information listed is correct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_