

Arndt's Preschool Registration Form

Session Preferred: _____

Child's Name: _____ DOB: _____

Parent's/Guardians:

Name: _____

Name: _____

Address: _____

Address: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Other Children in the home: _____

The following people may pick up my child. If anyone else will be picking up my child, I will notify the school naming the person: _____

In the event that I cannot be reached, the following people may be contacted in case of an emergency and may act in my absence:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Medical Information:

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Allergies & Symptoms: _____

Special Medical Problems: _____

Special Dietary Information: _____

Any Seizures? _____

Right Hand

Left Hand

Ambidextrous

Medical Permission:

In case of emergency, I give Arndt's Lutheran Church Preschool permission to act in the best interests of my child if I or the emergency contact cannot be reached. I release the Arndt's Lutheran Church Preschool from all liability of such action. I will inform the Director of any change in address, phone number, emergency contact information or child pick-up information.

Father's/Guardian Signature: _____ Date: _____

Mother's/Guardian Signature: _____ Date: _____