

ALL SAINTS LUTHERAN PRESCHOOL

2016/2017

ENROLLMENT FORM



Child's Name: _____

Registration Fee: \$110 _____ (Paid) _____ (Check No.)

Tuition¹: \$ _____ (Amt) _____ (Paid) _____ (Check No.)

Class Desired: _____

Please list any other preferences² or comments below:

Enrollment Date: _____

Signature: _____ **Date:** _____

Checklist of Items Needed for Registration:

1. 2016/2017 Registration Fee _____
2. Tuition Fee _____
3. Signatures on Pages 1-4 as Highlighted _____
4. All Attached Documents Completed In Their Entirety _____
5. Up-to-Date Shot Record _____
6. Birth Certificate (For Viewing by All Saints Staff) _____

¹ For Sibling and All Saints Church Member discount information, please see the Director.

² Classes will be formed by the director and teachers to ensure a good mix. Preferences and requests are considered but no guarantees are expressed or implied as to placement. Once AM classes are full, a waiting list will be formed. It is recommended you register your child for a PM class to ensure a spot in the preschool.

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HEALTH RECORD

CHILDREN YOUTH & FAMILY DEPARTMENT – CHILD LICENSING SECTION

PO Box 5160; 1920 5th Street; Santa Fe, NM 87502-5160

Telephone: (505) 827-2444

Website: <http://www.cyfd.org/>

CHILD CARE AND PRESCHOOL ADMISSION RECORD³

Child's Name: _____ DOB: _____ Gender: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

Father's Name: _____ Cell/Business Phone: _____

Father's Business Name & Address: _____

Mother's Name: _____ Cell/Business Phone: _____

Mother's Business Name & Address: _____

Does your child have allergies? Yes No

If yes, please list: _____

EMERGENCY CONTACTS

Please list the name, address and telephone number of two relatives or friends we can contact in case of an emergency:

Name	Address	Phone Number

FAMILY PHYSICIAN or MEDICAL FACILITY to call in case of an emergency:

_____ Phone: _____

I GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION:

YES NO **Signature:** _____ **Date:** _____

PLEASE MAKE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD AND ATTACH IT TO THIS FORM. THE INFORMATION SHOULD INCLUDE DATES OF FIRST THROUGH FOURTH IMMUNIZATIONS FOR DPT, POLIO, AND THE DATES OF THE MEASLES AND RUBELLA COMBINED VACCINE.

³ Must be completed by parent or legal guardian.

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PERSONS AUTHORIZED TO PICK UP YOUR CHILD⁴

Child's Name: _____

I, _____ give permission for the following persons to pick up my child:

NAME	PHONE NO.	DATE ADDED	INITIALS

Restrictions/Special Instructions: _____

Signature: _____ **Date:** _____

PRIVACY CONSENT AND ACKNOWLEDGEMENT

- _____ **YES**, I hereby consent to All Saints Lutheran Preschool using any pictures taken of my child during his/her tenure at the preschool to use in a slide show presentation⁵ or other internal use as deemed appropriate by the preschool (i.e., cubbies; journals, etc.).
- _____ **NO**, I do not consent to allowing All Saints Lutheran Preschool to use my child's picture(s) during his/her tenure.
- _____ **YES**, I hereby grant permission for All Saints Lutheran Preschool to publish my child's name, his/her parents' names, home address and home telephone number in its school directory for distribution to other parents of All Saints Lutheran Preschool students.
- _____ **NO**, I do not grant permission allowing All Saints Lutheran Preschool to publish my child's personal information in its school directory.

I, the undersigned parent/guardian have read, understand, and fully agree to the policies outlined in the All Saints Lutheran Preschool Handbook.

Signature: _____ **Date:** _____

⁴ Children will only be dismissed to those individuals listed as authorized to pick up

⁵ The slide show presentation is created for the enjoyment of, and distribution to, all All Saints Lutheran Preschool graduates.

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FIELD TRIP AUTHORIZATION & INFORMATION FORM

The parents of _____ give permission to participate in pre-arranged field trips during the school year at All Saints Lutheran Preschool.

Parents are responsible for transportation to/from the planned event. During the field trip, parents remain with and are responsible for their child(ren). Parents are reminded that every reasonable precaution will be taken for the safety of and care for the children.

Field Trip Contact Information In Case Of An Emergency:

Parent/Guardian(s): Mother: _____ Father: _____

Telephone: Home: _____

Mother's Cell: _____

Best Number to Reach Father: _____

Physician Name: _____ Address: _____ Phone: _____

Hospital Preference: _____

Special Instructions: _____

Signature: _____

Date: _____

FAMILY HISTORY

(Optional)

SIBLING NAME(S)	AGE	GRADUATE OF ASLP

Grandparents: _____

(Father's Side)

(Mother's Side)

Religious Affiliation/Membership: _____

Church Your Family Attends: _____

