

# ALL SAINTS LUTHERAN PRESCHOOL

2017-2018

## ENROLLMENT FORM



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

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

Tuition<sup>1</sup>: \$ \_\_\_\_\_ (Amt) \_\_\_\_\_ (Paid) \_\_\_\_\_ (Check No.)

**Class Desired:** \_\_\_\_\_

Please list any other preferences<sup>2</sup> or comments below:

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**Enrollment Date:** \_\_\_\_\_

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

### Checklist of Items Needed for Registration:

1. 2017-2018 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) \_\_\_\_\_

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

<sup>2</sup> 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 5<sup>th</sup> Street; Santa Fe, NM 87502-5160

Telephone: (505) 827-2444

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

## CHILD CARE AND PRESCHOOL ADMISSION RECORD<sup>3</sup>

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.**

<sup>3</sup> Must be completed by parent or legal guardian.

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD<sup>4</sup>**

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 presentation<sup>5</sup> 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:** \_\_\_\_\_

<sup>4</sup> Children will only be dismissed to those individuals listed as authorized to pick up  
<sup>5</sup> 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:** \_\_\_\_\_

