

**School House Christian Preschool**  
**A Ministry of Christ Lutheran Church of Lower Saucon**  
**Registration Form**

School Year \_\_\_\_\_ Class \_\_\_\_\_ Date & Time Received \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Sibling(s) Names and Ages \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

School District \_\_\_\_\_

**Emergency Contacts if Parents/Guardians are Unavailable (authorized to pick up child if emergency)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Person(s) Who Will Pick Your Child Up from Preschool**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician and/or Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

List any allergies or medical/physical restrictions \_\_\_\_\_

Right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Ambidextrous \_\_\_\_\_ Unsure \_\_\_\_\_

Main Interests of child \_\_\_\_\_

List any information that may be helpful in teaching your child (fears, routines, etc) \_\_\_\_\_

List any areas of development in which your child may need extra attention \_\_\_\_\_

Exposure to other children outside the family: \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

Exposure to other adults outside the family: \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

Group experiences with peers (Sunday School, play group, story time, etc) \_\_\_\_\_

Would you (parents and family members) be willing to share any cultural customs, special talents, or hobbies with our classes? If so, what? \_\_\_\_\_

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I/We give our permission to the staff of School House Christian Preschool to transport or make arrangements for the transportation of my child to emergency medical care, and I/we give permission for the medical treatment declared immediately necessary, in the event that neither I/we, or the persons listed above can be contacted. Hospital preferred: \_\_\_\_\_

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I/We also hereby certify that my/our child (named above) is now, and for the entire school year, will be insured in a manner satisfactory to me to cover any injuries sustained while participating in school activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

A \$60 nonrefundable registration fee is required at the time of registration.  
The first tuition installment is required by August 1<sup>st</sup>. If circumstances arise that cause the departure of my child from School House following the start of the school year, I understand that I am responsible for one month's tuition **following** our departure, unless the vacancy created by my child's departure is immediately filled.

Please write any other information of which we should be aware in caring for your child: \_\_\_\_\_

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