



MESSIAH LUTHERAN LITTLE LAMBS PRESCHOOL

9209 STATE AVENUE
MARYSVILLE, WA 98270
(360) 658-1814 Preschool
(360) 659-4112 Church
Website: messiah-lcms.org/preschool
Email: preschool@messiah-lcms.org

~FOR OFFICE USE ONLY~	
<input type="checkbox"/> 4-5's MWF	<input type="checkbox"/> 3-4's Blended MW
<input type="checkbox"/> 3-4's TTH	<input type="checkbox"/> Pre-K Blended MWF
Registration Rc'd: _____	Date / Amount _____
Immunization Form: <input type="checkbox"/>	
Emergency Card: <input type="checkbox"/>	
Wellness Plan <input type="checkbox"/>	
Projected Start Date: _____	
Withdrawn: _____	Reason: _____

REGISTRATION FORM

Please complete and return this registration form with the registration fee to secure your child's enrollment. Make checks payable to: *Messiah Lutheran Preschool* or pay online www.messiah-lcms.org/preschool (+3% card processing fee)
****Registration Fees Are Non-Refundable**** Other forms necessary to complete enrollment are Emergency Card and Washington State Certificate of Immunization Status.

CHILD'S NAME: _____ GOES BY: _____
Last First Middle Name Writing/Name Practice

SEX: Male Female BIRTHDATE: _____ AGE: _____

MAILING ADDRESS: _____ PHONE: (____) _____

City State ZIP E-mail

PARENT INFORMATION

FATHER: _____ | _____ | _____ | _____
first & last name Employer Work Phone Cell Phone

MOTHER: _____ | _____ | _____ | _____
first & last name Employer Work Phone Cell Phone

HOME ENVIRONMENT

- Status of Parents: Married Divorced Separated Widowed Other: _____
- Child Lives with: Mother & Father Mother Only Father Only Mother & Stepfather
 Father & Stepmother Legal Guardian Grandparent(s) Other: _____
- Primary Language in home: _____
- Siblings and Ages: _____

EMERGENCY INFORMATION

• EMERGENCY CONTACT: _____ Relationship: _____ Phone: _____

Note: Parents are always contacted first in an emergency.
Your emergency contact person will be notified only in the event you cannot be reached.

• Child's Physician: _____ Phone: (____) _____

• Insurance Provider: _____ Subscriber: _____
ID No.: _____ Group No.: _____

• Speech Concerns: _____ Do they receive speech services? Yes No

• FOOD ALLERGIES: _____

• OTHER ALLERGIES: _____

• DIETARY RESTRICTIONS: _____

• Check Any that Apply: Asthma* Bee/Bug severe reaction Diabetes Reduced Hearing or Vision

Explain in detail any of the above checked concerns and necessary treatment: _____

*Does your child use an inhaler? Yes No Notes: _____

• Is there anyone **NOT** allowed to have contact with your child? Yes No
If Yes*, _____

Name of Person Relationship to Student Brief Description

(*A copy of the legal document restricting contact would be appreciated for our records.)

RELIGIOUS INFORMATION

- Church Affiliation: _____
- Our Family Attendance at Church is: Regular Occasional Don't Attend
- Child Attends Sunday School: Yes No If Yes, Where? _____
- Is your child baptized? Yes No
Would you like to speak to our pastor about baptism? Yes No
- Have any of your children previously attended Messiah Lutheran Little Lambs Preschool?
 Yes No If Yes, child's name(s): _____

SOCIAL DEVELOPMENT/BEHAVIOR

- Has your child had previous preschool experience? Yes No If Yes, Where? _____
- What are your child's special interests? _____
- Does your child have any fears/anxieties Yes No
If yes, please explain: _____
- Do you have any behavioral or developmental concerns for your child? Yes No
If yes, please explain: _____

If there is any other information that you feel would be helpful to us in working with your child, please indicate here:

FOR OUR INFORMATION: CAN YOUR CHILD:

- Tell name Yes No
- Knows mom's name Yes No
- Knows dad's name Yes No
- Go to the bathroom alone Yes No
- Wash hands alone Yes No
- Manipulate buttons Yes No
- Manipulate zippers Yes No
- Hand preference Left Right

How did you learn about Messiah's Preschool? _____

- I give my permission for my child's picture to be included in publications, or video presentations: Yes No
- I give permission to post photos of artwork and my student on the preschool's facebook page: Yes No
- Would you like to be emailed Messiah Lutheran Church's monthly newsletter? Yes No
- Would you like to receive emails specifically about Vacation Bible School Only? Yes No

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my permission for the Little Lambs Preschool staff to secure emergency medical treatment for my child according to preschool policy in the event I cannot be reached.

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP

I give my permission for my child to attend all field trips away from school this year. I understand that notices will be provided in school's monthly calendar giving dates and times. I also understand that every possible precaution will be taken to ensure the health and safety of my child.

Parent Signature: _____ Date: _____

WELLNESS PLAN ACKNOWLEDGEMENT

I acknowledge that I have read, understand, and agree with Messiah's Wellness Plan. I also plan to do my part by reporting illnesses promptly to preschool office and stay home when ill to keep our community well.

Parent Signature: _____ Date: _____

I signify that the information provided is accurate at this time, and I will notify the school office if any changes occur.

Parent Signature Date