



KINDERGARTEN REGISTRATION FORM

Student's last name _____ First _____ Middle _____ Registration fee paid: _____ female _____ male _____ Birthdate: _____
Check # _____

Address _____ City _____ Zip _____

Extended Day needed until _____ p.m.

Are you currently affiliated with a church? _____ If yes, please list name: _____ Student is baptized _____ Student is not baptized _____

Parent or Guardian information:

1. (Last name, First name) _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____ E-mail _____

2. (Last name, First name) _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____ E-mail _____

Day Care Information: Name _____ Address _____

Phone _____

List two or more neighbors or relatives who will assume temporary care of child if you cannot be reached.

Name _____ Address _____ Phone
numbers _____

Name _____ Address _____ Phone
numbers _____

In case of serious accident or illness and I cannot be reached, I hereby authorize Dr. _____ of
(clinic) _____ to give necessary treatment. You may call him/her at phone _____

Current medical information to be added to health record, i.e., illness, surgery, seizures, frequent ear
infections _____

Significant chronic health concerns (diabetes, etc.) _____

Severe allergies (i.e., to bee stings, peanuts, milk etc.) _____

Insurance carrier _____ Policy # _____ Med. Asst. Eligible: _____ No _____ Yes # _____

Acetaminophen Permission: The teacher has permission to administer acetaminophen (generic Tylenol) to my child. _____ Yes _____ No

Field Trip Permission: My child has permission to participate in field trips during the course of the school year. I understand that my child will be under the direct supervision of the teachers of this program. I will not hold the teachers, Heritage Lutheran Church, or any volunteers responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in this program. _____ Yes _____ No

Emergency Release form: The staff, in an emergency situation, has my permission to administer first aid and to obtain emergency aid by contacting 911 services. I understand that I will be contacted immediately if this happens. _____ Yes _____ No

Handbooks policies: I have received a copy of the Heritage Lutheran Kindergarten handbook and have read the policies and understand them fully. _____ Yes _____ No

Picture policies: Heritage Lutheran Church and School has my permission to publish any pictures of my child taken at school or on a field trip. _____ Yes _____ No

Date: _____ Signature of Parent or Guardian _____ Revised on: (date and initials) _____