



KURE MEMORIAL LUTHERAN
P R E S C H O O L

Registration Form for 2024/2025 School Year

New Student **Existing Student** **Child's Birthday** _____

2 year – old class: Tuesday & Thursday 9am to 1pm (\$200/month)

3 year – old class: Monday, Wednesday, Friday 9am to 1pm (\$230/month)

4 year-old class/Pre-K: Monday-Thursday 9am to 1pm (\$290/month)

Child's Name: _____

Address: _____

Preferred Email Contact: _____

Mother's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Employer/Occupation: _____ **Work Phone:** _____

Father's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Employer/Occupation: _____ **Work Phone:** _____

Emergency Contact Persons:

Name: _____ **Home Phone:** _____

Relationship: _____ **Work/Cell Phone:** _____

Office Use Only: <input type="radio"/> \$75 Registration Fee <input type="radio"/> Immunization Record Date: _____

Health and Developmental History

- 1. Are your child's immunizations up to date? Yes No
(please attach copy of current immunization record)
- 2. Does your child have any allergies? Yes No

If yes, please explain _____

- 3. Is your child fully potty-trained? Yes No

(Children registering for the 3 and 4 year old classes are expected to be completely toilet trained)

- 4. Does your child receive any special services? I.e.....speech, occupational therapy, physical therapy?
If so, with who and hours per week? _____

- 5. Is there any other medical/health information regarding your child you would like to provide to help us
better care for and understand your child? _____

Background Information

Please list other children in the household

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____

Church Affiliation of Family _____

Special Circumstances of Family (custody issues/divorce/family illnesses) _____

Authorization for Release

Who, other than the child's parent, has permission to pick up the child from preschool.

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Healthcare Information

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Emergency Care Consent/Release

I am willing for my child, _____, to receive medical attention and be taken to the hospital in the case of an emergency I/we cannot be reached. I will not hold KMLP or its employees liable for incidents beyond their control and understand the staff will respond to all emergencies to the best of their abilities. I am responsible for my child's medical expenses incurred as a result of injuries or illnesses. I hereby grant permission for the staff to take whatever steps necessary to obtain emergency medical care for my child. These steps may include, but are not limited to the following:

- a. Attempt to contact parent or guardian
- b. Attempt to contact persons authorized on registration form

If the above is unsuccessful, the preschool may do any or all of the following:

- a. Call a physician or paramedic.
- b. Call an ambulance and allow the child to be transported to nearest available hospital.

The physician and/or medical facility are authorized to administer medical treatment necessary to assure the health, safety and wellness of my child.

Parent/Guardian Signature _____ Date _____

Photo/Video Consent

I approve of Kure Memorial Lutheran Church and Preschool to take pictures and/or videos of my child, _____ while at school as a means for craft projects, church bulletins, Preschool 's website and Facebook page and in local newspaper in order to promote, inform others of what is happening here at Kure Memorial Lutheran Preschool.

Yes No Parent/Guardian's Signature _____ Date _____

Scholarship/Financial Assistance

We understand that the expense of preschool may be a strain on a family budget; therefore we at KMLP are committed to helping eligible families reduce the cost through scholarships. Please indicate below if your family would like to receive more information regarding our scholarship application process.

Yes No Parent/Guardian's Signature _____ Date _____