

CHRIST LUTHERAN PRESCHOOL ENROLLMENT FORM

595 Deerpath Dr., Vernon Hills, Illinois (847) 367-5791

Please fill in the appropriate information and return with your registration fee of \$90 (payable to Christ Lutheran Preschool or CLPS). Thank you.

All preschool classes are 8:30-11:30 am. Please select your first and second choice:

Tot Co-op class (2½ yr olds): () T,Th () M,W,F () M,T,W,Th,F

Young 3 yr class	3 yr. class	Young 4 yr class	Pre-K class
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() T, Th	() T, Th	() M, T, Th	() M, W, F (3 day)
() M, W, F	() M, W, F		() T, W, Th (3 day)
			() M, T, W, Th, (4 day)
			() M, T, W, Th, F (5 day)

() I am interested in your enrichment/extended day programs

MAIN CONTACT PHONE _____

Child's name: _____ Boy () Girl ()
Last First MI

Nickname _____ Birth date ____/____/____
(If to be used here at school)

Current Age _____

Address _____ City _____ Zip _____

Birthplace _____

Mother's Name _____ Work phone _____

Father's Name _____ Work phone _____

Cell phone numbers _____

Email address _____

Siblings Names & Ages _____

Religious Affiliation _____

(over)

EMERGENCY MEDICAL CARE AUTHORIZATION

I authorize emergency treatment and if necessary, permission for my child to be transported to the nearest hospital or doctor. I agree to pay all fees in connection with such treatment or service. My personal doctor and dentist are:

Doctor	Phone	Address
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Dentist	Phone	Address
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I hereby authorize Christ Lutheran Preschool to photograph/video my child and use the photos for publicity purposes (including Facebook) and relinquish my title, rights, and interest in the finished photos or negatives.

Christ Lutheran Preschool and Christ Lutheran Church are not responsible for any cost due to accidental injury, or illness, for any persons, on or off, Christ Lutheran Church property.

Guardian Signature _____

Date _____

Child's name _____

Child's name

Date

Parent/Guardian Signature

Health Cautions or Food Allergies: _____

Please list special needs if any: _____

PICK-UP AUTHORIZATIONS

Name

Phone #

Address

Relationship to child

Name

Phone #

Address

Relationship to child

Name

Phone #

Address

Relationship to child