

# 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
( ) 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:

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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 \_\_\_\_\_

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Child's name

Date

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Parent/Guardian Signature

Health Cautions or Food Allergies: \_\_\_\_\_

Please list special needs if any: \_\_\_\_\_

## PICK-UP AUTHORIZATIONS

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Name

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Phone #

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Address

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Relationship to child

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Name

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Phone #

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Address

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Relationship to child

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Name

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Phone #

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Address

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Relationship to child