

# David Lutheran Christian Preschool Registration Form

**Places will not be held without payment of registration and supply fees.  
Registration fee is nonrefundable; supply fee is refundable up until August 1st.**

Child's **LAST** Name: \_\_\_\_\_

Child's **FIRST** Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Sex (circle one)    M    F

School district child resides in: \_\_\_\_\_

Additional Remarks: (Allergies, medications, concerns)

\_\_\_\_\_

\_\_\_\_\_

### Church Information (optional)

Are you active in your church? (circle one)    Yes    No

- Member of David Ev. Lutheran Church     Attend DELC but not a member
- Member of another Lutheran Congregation \_\_\_\_\_ (name)
- Member of another Christian Congregation \_\_\_\_\_ (name)
- Member of non-Christian religion \_\_\_\_\_ (name)

### Ethnic Code

(Select one Primary Code; Secondary Code is optional)

- |                                  |                |                  |
|----------------------------------|----------------|------------------|
|                                  | <u>Primary</u> | <u>Secondary</u> |
| American Indian or Alaska Native | □              | □                |
| Asian American                   | □              | □                |
| Black or African American        | □              | □                |
| White                            | □              | □                |
| Hispanic or Latino               | □              | □                |

**Program Choice** (circle one age)    3    4    5  
(circle one time)    AM    PM

### Parent/Guardian Information:

Custodial parent? (circle one)    yes    no

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (if not child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Information:** (check best number to reach during school hours)

Home: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Bus. Phone (    ) \_\_\_\_\_

Employer: \_\_\_\_\_

email address: \_\_\_\_\_

### Parent/Guardian Information:

Custodial Parent? (circle one)    yes    no

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (if not child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Information:** (check best number to reach during school hours)

Home: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Bus. Phone (    ) \_\_\_\_\_

Employer: \_\_\_\_\_

email address: \_\_\_\_\_

### Release Form

I release David Lutheran Christian Preschool, its teachers, volunteers, and all other persons connected with the Preschool from liability claims of any kind resulting from accidental injuries that might be sustained by my child (named above) while on trips and on the premises.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### Permission to Participate

I give permission for my child (named above) to use all of the play equipment and to be included in all activities and evaluations connected with David Lutheran Christian Preschool.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### Photo/Video Permission & Release

I give permission to include my child (named above) in any photographs and/or videotapes taken during David Lutheran Christian Preschool's school year activities. I further understand these photos and/or videos may be shared with staff, parents and David Ev. Lutheran Church web page browsers, and others for the purpose of education, training and presenting the school's programs.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Preschool office use only:** Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_ Verified by: \_\_\_\_\_ Rec'd packet? \_\_\_\_\_ (parent initial)