



Little Christian Preschool
St. Paul's of Shorewood Lutheran Church
11620 21st S.W.
Burien, WA 98146
206-244-2112
littlechristianpreschool.org

Little Christian Preschool
Registration Form 2018-2019

Child's Legal Name _____
 Date of Birth: Month _____ Day _____ Year _____ Male Female
 Home Address _____ City _____ State ____ Zip _____

What name should your child use in school (please print) _____

With whom does the child live? (check appropriate box)

Both parents Mother Only Father Only Mother/Stepfather Father/Stepmother Other

Name _____ Relationship _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Employment (hours) _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Employment (hours) _____ Work Phone _____

How many children are in the family? _____ List other children below:

Name _____ Age _____ Male Female

Name _____ Age _____ Male Female

Name _____ Age _____ Male Female

EMERGENCY CONTACTS: Names of two persons (relatives, friends or neighbors) living in the local area who may be called in the event of an emergency and a parent cannot be reached

Name _____ Phone _____ Cell _____

Relationship to the child _____

Name _____ Phone _____ Cell _____

Relationship to the child _____

AUTHORIZED PERSONS: Names of persons allowed to pick up your child from school:

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

(if more space is needed, please attach list to this form)

☆☆☆ Written notification by parent or guardian **MUST** be given in the event that someone other than persons listed above will be picking up the child.

EMERGENCY TREATMENT CONSENT: I give permission for the staff in charge to seek emergency first aid/ medical treatment if necessary.

Signature of Parent/Guardian _____ Date: _____

Religious preference _____ Church Affiliation _____

How did you hear about Little Christian Preschool? _____

Is there anything relative to the child's mental, emotional, or physical health that the teacher should know? _____

(If the child receives medication of a temporary nature that might affect his/her behavior: i.e.. restlessness, talkative, sleepy, lethargic; the teacher should be informed.)

What language is primarily spoken at home? _____

We are always looking for willing helpers for our school.
Would you be interested in volunteering some time to help? Yes No

We need your permission to print your child's name, phone number and parent's names in a booklet for the teacher and parents.
 Yes my child's information may be included
 No, please include only my child's name in the booklet

Photography/Images Use Policy

I/we hereby authorize Little Christian Preschool to utilize my child's photographic image in marketing and advertising efforts of the school, including but not limited to newsletters, advertisements, brochures delivered to the public, and the www.stpaulsofshorewood.org web site.

Student's Name _____

Parent/Guardian Signature _____ Date _____

I hereby assume all liability for my child while in attendance at Little Christian Preschool and while on field trips or other related functions with the group.

Parent/Guardian Signature _____ Date _____