



**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 2020-2021**

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](http://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 \_\_\_\_\_