

Good Shepherd Lutheran Preschool

Good Shepherd Lutheran Church and School
4311-104th St.
Pleasant Prairie, WI 53158
1-262-694-4405

Preschool Registration Form

(Before sending this form in please call the school to make sure there is an opening for your child)

Child's Name _____ M _____ F _____ Age _____

Birthdate _____ Potty Trained Yes _____ No _____

Address _____ Phone _____

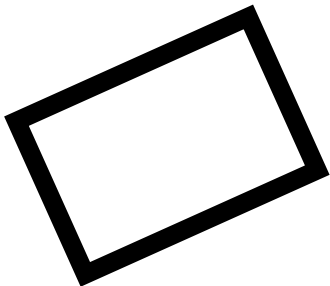
City, State, & Zip code _____

Cell Phone (if applicable) _____

Parent or Guardian's Name _____

Today's Date _____ First Day of Attendance _____

Information to Parent's



4 Year Olds

Days Held: Monday, Wednesday, & Friday
Time: 9am-noon or 1-4pm
Registration Fee: \$50.00 (non-refundable)
Tuition: \$125.00

3 Year Olds

Days Held: Tuesdays & Thursdays
Time: 9-11:30 a.m.
Registration Fee: \$40.00 (non-refundable)
Tuition: \$105.00

Where did you hear about Good Shepherd?

Church Announcement Kenosha News/Happenings

This or other children previously in Good Shepherd Lutheran School Friend or neighbor with child in Good Shepherd Lutheran

Sign Yellow Pages

Web Site Other _____

Reg. fee amount _____

Check # _____

Date paid _____

(please circle one)

3's

4's AM / 4's PM

Child Information

Child's Name _____ M _____ F _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Birthdate _____ Baptism Date _____

Father's Full Name _____

Mother's Full Name _____

Guardian's Full Name (if applicable) _____

Father's Place of Employment _____ Phone # _____

Mother's Place of Employment _____ Phone # _____

Church Denomination: Father _____ Mother _____

Church Now Attending: Father _____ Mother _____

Brothers/Sisters:

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child Pick-Up & Emergency Authorization

(Person(s) authorized by you to pick up your child)

Name _____ Relationship _____ Phone _____
Last First MI

Name _____ Relationship _____ Phone _____
Last First MI

Note: It will be the parents'/guardians' responsibility to notify the center and give the name of anyone other than the above person(s) who will be picking up your child. This person will be called in case of an emergency when the parent cannot be reached.

_____ I give permission for my child to participate in field trips and other activities during operating hours and to be transported to these activities. (Please initial)

Student Illness & Emergency Information

Child's Name _____ Home Phone _____

Address _____ Cell Phone _____

Physical Difficulties (allergies, heart trouble, epilepsy, diabetes, etc.):

Physician's Name _____ Hospital _____

Hospital Address _____ Phone # _____

Hospital Preference _____ Address _____

I hereby authorize the school principal or teacher to call the physician named above if I cannot be reached.

If I cannot be reached, my child, when ill may be picked up and taken to the home of:

Name _____ Address _____ Phone# _____

Date _____

Parent or Guardian's Signature

In the event of *EMERGENCY* conditions, the procedure outlined on the bottom of this page will be followed.

POLICY RELATIVE TO THE HANDLING OF PUPIL'S INJURIES

1. I authorize emergency medical treatment to be given to my child.
(In a life-threatening situation your child will be taken to the nearest hospital)

Signature of parent or guardian _____

2. In case of serious injury proceed as follows:
 - A. Call for municipal Rescue Squad-Ambulance. Phone 9-1-1. If Rescue Squad decides to take child to the hospital, indicate hospital preference.

3. Permission to call rescue squad. Yes _____ No _____

B. Call child's city hospital preference:

1. Indicate child is in route
2. State type of case.
3. Give hospital the name of child's physician.

Kenosha Medical Center: 656-2011
St. Catherine's: 656-3011
Aurora Medical Center: 942-5600

Student Health Form

1. List any serious illnesses the child has had within the last six months

2. Does your child have any allergies such as bee stings, food, or medication? Yes_____ No_____
If "Yes", please describe them & indicate special precautions or care.

Good Shepherd Lutheran
Childcare Center
4311 - 104th Street
Pleasant Prairie,
Wisconsin 53158-
3723

Phone:
1-262-694-4405

Fax:
1-262-694-0964

E-Mail:
Goodshepherdwi@
sbcglobal.net

3. Does your child have a history of:
____disabilities such as physical, sensory, or cognitive
____asthma
____diabetes
____heart problems
____rheumatic fever
____seizures
____other conditions (describe):

Please describe any special emergency care instructions or other information needed by the teachers:

We're on the Web!

See us at:

www.goodshepherdluth.org

Signature of Parent or Guardian

Date