



3's am M,W \_\_\_\_\_  
3's am T,Th \_\_\_\_\_  
Fee Paid \_\_\_\_\_

**Bethlehem Lutheran Church  
Preschool Registration Form  
2011/2012**

4's am M,W,F \_\_\_\_\_  
4's am T,Th,F \_\_\_\_\_  
Fee Paid \_\_\_\_\_

1) \_\_\_\_\_  
child's name first, middle, last

2) \_\_\_\_\_  
preferred name

3) \_\_\_\_\_  
birth date and sex of child

4) \_\_\_\_\_  
home phone number

5) \_\_\_\_\_  
home address

6) \_\_\_\_\_  
city/state/zip code

7) \_\_\_\_\_  
father's name cell phone

8) \_\_\_\_\_  
father's employer phone

9) \_\_\_\_\_  
mother's name cell phone

10) \_\_\_\_\_  
mother's employer phone

11) \_\_\_\_\_  
childcare provider

12) \_\_\_\_\_  
address phone

13) \_\_\_\_\_  
e mail address

**EMERGENCY CONTACTS: (to be used only if parents cannot be reached.)**

14) \_\_\_\_\_  
name and relationship

15) \_\_\_\_\_  
address phone

16) \_\_\_\_\_  
name and relationship

17) \_\_\_\_\_  
address phone

I give my permission for medical assistance to be administered to my child whenever such care is needed. (i.e., First-Aid cream for bruises and/or scrapes, bandages, etc. Otherwise, you and/or your family doctor will be called.)

18) \_\_\_\_\_  
parent or guardian's signature

19) \_\_\_\_\_  
date

20) \_\_\_\_\_  
home church

21) \_\_\_\_\_  
denomination

I would be interested in learning more about Bethlehem Lutheran Church: \_\_\_\_\_

Please return this registration form together with your \$100.00 (**\$50 will be non-refundable**) registration fee to:

Bethlehem Lutheran Church  
Attn.: Brenda Shults  
18865 SW Johnson Street  
Aloha, OR 97006

Your spot in the class **will not** be held until the registration fee is received.

**How did you hear about Bethlehem Lutheran Preschool?**

Friend \_\_\_\_\_ Website \_\_\_\_\_ Sign \_\_\_\_\_  
Family \_\_\_\_\_ Facebook \_\_\_\_\_