3's am M,W_____
3's am T,Th_____
Fee Paid _____

Bethlehem Lutheran Church
Preschool Registration Form
2010/2011

4's am M,W,F_____
4's am T,Th,F_____
Fee Paid_____

1) _____
child's name first, middle, last

2) _____
name child is to be called

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) _____
babysitter

12) _____
babysitter 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

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?