FIRST LUTHERAN EARLY CHILDHOOD EDUCATION APPLICAITON

930 Poyntz Avenue, Manhattan, KS 66502 785-537-8532 www.firstlutheranmanhattan.org
PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF REGISTRATION FORM

CHILD'S NAME_____ BOY GIRL DATE OF APPLICATION _____
(circle one)

MAILING ADDRESS _____

TELEPHONE (____)_____ DATE OF BIRTH _____

PROGRAM(S) APPLYING FOR:

CHILDREN'S DAY OUT - TUESDAY 8:00 AM TO 10:30 AM THURSDAY 8:00 AM TO 10:30 AM BOTH

PRESCHOOL - MON, WED, FRI 8:00 AM TO 10:30 AM MON, WED, FRI 12:30 PM TO 3:00 PM TUE, THU 12:30 PMTO 4:00 PM*

AFTER SCHOOL PROGRAM (EVERY DAY SCHOOL IS IN SESSION)

MOTHER'S NAME_____CELLULAR PHONE _____

PLACE OF EMPLOYMENT_____BUSINESS PHONE _____

EMAIL ADDRESS _____

FATHER'S NAME_____ CELLULAR PHONE _____

PLACE OF EMPLOYMENT_____ BUSINESS PHONE _____

EMAIL ADDRESS _____

NAMES AND AGES OF OTHER CHILDREN IN FAMILY

_____

ANY SPECIAL CIRCUMSTANCES OF WHICH OUR SCHOOL SHOULD BE AWARE: (SINGLE PARENT HOME, ADOPTION, GRANDPARENTS LIVING IN HOME, ETC)

_____

PLEASE NOTE ANY SERIOUS ILLNESSES, INJURIES, SURGERY, ALLERGIES, ETC

_____

ARE YOU AN ACTIVE MEMBER OF FIRST LUTHERAN CHURCH WORSHIPING AT LEAST TWICE MONTLY?
(circle one) yes no

IF NO, LIST THE NAME OF YOUR FAITH COMMUNITY (IF APPLICABLE) _____

HAS YOUR CHILD HAD ANY OTHER PRESCHOOL OR DAYCARE EXPERIENCE (NAME OF FACILITY, WHEN ATTENDED):

_____

PHYSICIAN'S
NAME_____TELEPHONE_____

EMERGENCY INFORMATION: PLEASE LIST THE NAMES AND ADDRESSES OF **TWO PERSONS IN THE LOCAL AREA** WHO WILL ACCEPT RESPONSIBILITY FOR THE CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

NAME _____BEST CONTACT NUMBER _____

NAME_____ BEST CONTACT NUMBER _____

**Please note, preschoolers signing up for the TU session AND CDO have the option of bringing a sack lunch, staying over the noon hour, and eating with the preschool assistants at no additional charge.*

PERMISSION TO TREAT, TRANSPORT, AND PHOTOGRAPH

1. _____ I hereby authorize First Lutheran Church to secure emergency medical treatment for _____ (hereafter known as "child"), if the parents, guardians, or family physician cannot be reached.
2. I give permission for my child to be transported in a motor vehicle. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I have read, understand, and discussed with my child that:
   a. They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
   b. They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
   c. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
   d. They are to remain in their seats and not be disruptive to the driver of the vehicle.
3. I further give First Lutheran Church / Concordia Christian School permission to photograph my child and use said photographs in promotional materials including, but not limited to, pamphlets, classroom decorations, and the church website.

Parent/Guardian Signature _____ Date _____

Office Use Only:

Opening Balance: _____

Deposit:	_____	Date:	_____	Balance:	_____
August:	_____	Date	_____	Balance:	_____
September:	_____	Date	_____	Balance:	_____
October:	_____	Date	_____	Balance:	_____
November:	_____	Date	_____	Balance:	_____
December:	_____	Date	_____	Balance:	_____
January:	_____	Date	_____	Balance:	_____
February:	_____	Date	_____	Balance:	_____
April:	_____	Date	_____	Balance:	_____