

**Risen Christ Lutheran School
Registration form**

Child's name _____

Date of Birth _____ Sex _____ Place of Birth _____

Home Address _____ Zip _____

Home Phone _____

Risen Christ Lutheran School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

Parent or Guardian Information

Father's name _____ Phone _____

Father's Address _____

Father's occupation and place of employment _____

_____ Phone _____

Mother's name _____ Phone _____

Mother's address _____

Mother's occupation and place of employment _____

_____ Phone _____

Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship (if any) to the child.

Church in which you are an active member _____

Are you interested in more information about Risen Christ Lutheran Church? _____

Pick-up Information

Please list those persons who are authorized to pick up your child from preschool. If you make plans for anyone else to do this, you must send a signed and dated note with you child on or before the morning this is to occur.

Name _____ Phone _____

Name _____ Phone _____

List two people who can be contacted in an emergency if the parent cannot be reached:

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Personal History

Is your child right or left-handed _____

Has your child had a previous group or preschool experience? _____

If so, where and when? _____

Does your child have any allergies? _____

Are there any medical problems of which we should be aware? _____

Are there any special food or eating instructions? _____

In general, how does your child react to anxiety or a stressful situation? _____

How does your child seem to relate to other children? Does he/she seek friendships or prefer to play alone? _____

To the best of your knowledge, does your child have any language, learning or physical disabilities? If so, please describe: _____

What is your usual mode of reassuring and rewarding your child? _____

How do you handle discipline in your home? _____

Is there any other information you would like us to know about your child? _____

I hereby request that my child be enrolled in Risen Christ Lutheran School. I understand that my child is registered for the full school term and tuition is due whether or not my child is able to attend classes. **In the event of necessary withdrawal, thirty days notice in writing or one month's tuition must be given to the Director.**

I agree to furnish a completed emergency medical authorization form signed by the child's parent or legal guardian prior to the first day of school.

Signature of Parent or Guardian

Date

Student Roster

Risen Christ Lutheran School is required to offer a parent roster to all parents/guardians of enrolled children. This would include names, addresses, and phone numbers. Please sign below to grant or withhold permission for inclusion in the roster.

I/we grant permission to be included in the parent roster.

Name

Date

I/we **do not** wish to be included in the parent roster.

Name

Date

Photographing of Children

During the school year we take lots of pictures of the children. These pictures will be used for a school yearbook and may also be used for publicity. Sometimes pictures are put on our school web site. **Names of children are never included on the internet.** This makes it possible for Grandparents in other parts of the country to see all the fun things we do at school. Please sign below your permission to have your child photographed while attending Risen Christ Lutheran School.

I give permission for Risen Christ Lutheran School to photograph my child,

_____, during this current school year.

Signature of Parent or Guardian

date