

Date of Enrollment: \_\_\_\_\_

**Grace Lutheran Preschool**  
**Registration Form**

\*Please complete and sign both sides.

Child's Full Name	Nickname	Date of Birth	/ /
Street Address	Town, State	Zip Code	Home Phone Number
Mother's Name	Mother's Address and Phone Number (if different from child)		
Mother's Place of Employment	Work Address	Work Phone Number	
Father's Name	Father's Address and Phone Number (if different from child)		
Father's Place of Employment	Work Address	Work Phone Number	

**Please list other children living in the household:**

_____ Name/DOB/Relationship	_____ Name/DOB/Relationship
_____ Name/DOB/Relationship	_____ Name/DOB/Relationship

**Lease list any other adults living in the household:**

_____ Name/Relationship	_____ Name/Relationship
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**Emergency Information**

Mother's Cell Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Emergency person to call when **neither** parent can be reached:

Name	Address	Phone Number	Relationship to Child
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Does this emergency contact person have permission to pick your child up from Grace Lutheran Preschool? Y/N

**Medical Information**

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Name of Child's Physician	Address	Phone Number
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Name of Child's Dentist	Address	Phone Number
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Does your child have any allergies? Y/N  
Does your child take any medications on a regular basis? Y/N  
Does your child have any physical or emotional issues we should be aware of? Y/N  
\*If you answered yes to any of these questions, please explain:

**Parent Permission**

I give permission for my child \_\_\_\_\_ to participate in all activities sponsored by Grace Lutheran Preschool, located at 1055 Randolph Road, Middletown, CT. I request that the Director/Head Teacher and/or other staff member of Grace Lutheran Preschool seek emergency treatment should they feel it's necessary. I give permission for my child \_\_\_\_\_ to receive emergency treatment at Middlesex Hospital. I also give permission for Grace Lutheran Preschool staff members to, in the event of an emergency, transport my child by a state inspected, insured and registered vehicle or arrange for transportation by ambulance. Permission is also given for trained/certified staff members to administer CPR and/or First Aid if necessary.

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Signature of Parent/Guardian	Date
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**Pick-Up Authorization**

The following individuals are authorized to pick my child up from Grace Lutheran Preschool:

1. \_\_\_\_\_  
Name                      Address                      Phone Number      Relationship to Child
2. \_\_\_\_\_  
Name                      Address                      Phone Number      Relationship to Child
3. \_\_\_\_\_  
Name                      Address                      Phone Number      Relationship to Child
4. \_\_\_\_\_  
Name                      Address                      Phone Number      Relationship to Child

**Parental Comments:**