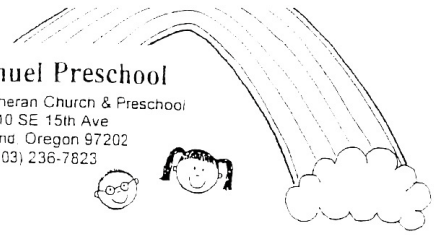


Immanuel Preschool

Immanuel Lutheran Church & Preschool
7810 SE 15th Ave
Portland Oregon 97202
(503) 236-7823



REGISTRATION FORM

This form serves as your official registration when completed and returned with the appropriate materials fee.

Please print -

Child's name.....Nickname.....Birthdate.....

Address.....City.....State..... Zipcode.....

Home phone number.....Cellphone.....

e-mail address..... M or F

Mother's name.....Address if different.....

Mother's employer.....Work number.....

Father's name.....Address if different.....

Father's employer.....Work number.....

IMPORTANT - Please circle the session(s) in which you would like to enroll your child.

Tuesday, Wednesday & Thursday - Morning class 9 - 11:30 a.m.

Tuesday, Wednesday & Thursday - Afternoon class 12noon - 2:30p.m.

Friday Bunch - Friday 9:00a.m. to 1:00 p.m.

German Immersion Class -Monday 9:00 to 11:30

In case of emergency, I give permission for my child to be taken to a hospital for emergency medical attention.

Signed.....Date.....

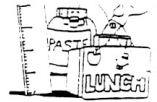
People to call in case of emergency and parents cannot be reached

Name..... Phone # Relationship.....

Name..... Phone# Relationship.....

Out of area phone # Relationship.....





Please check the items listed below with which your child has had some experience.

Crayons _____ Pencil _____ Scissors _____ Glue _____ Chalk _____ Paint _____ Playdough _____

Is your child . . . right-handed _____ left-handed _____ ambidextrous _____

Does your child sleep well? _____ How many hours? _____ Does he/she nap? _____

Is your child's appetite. . . good _____ fair _____ poor _____

How often does your child use the restroom? _____ / day

What are his/her fears: _____

Is your child on any medications? If so, please list: _____

Does your child have any food or other allergies? _____

Any problems, special words, etc? _____

Does your child have temper tantrums? _____

Any previous school experience? _____

Accustomed to being with other children? _____

Other children in family:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____



People authorized to pick up my child after school:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

How did you find out about our school? _____

The following questions are optional. Our national church body requests this information for statistical purposes.

Member of Immanuel Lutheran Church? yes _____ no _____

Member of another church? yes _____ no _____

Name of church _____

Is child baptized? yes _____ no _____

Does child attend Sunday School? yes _____ no _____

