

IMMANUEL LUTHERAN PRESCHOOL

10731 W. LaPorte Rd., Mokena, IL 60448 708-479-5600

Mrs. Linda Marquardt, Director ilpmokena@att.net

2019-2020 Registration Form

This form must be filled out completely to be processed and the \$85/\$100(per family) non-refundable registration fee submitted.
Please mark your 1st and 2nd Choice:

<u>Age</u>	<u>Day</u>	<u>Class Time</u>	<u>Office use</u>
___3 before 9/1/18	T-Th	9:00-11:30	BR(30) \$135
___3 before 9/1/18	M-W-F	9:00-11:30	BR(10) \$155
___3 before 9/1/18	T-W-Th	12:15-2:45	BR(20) \$155 (only offered if full enrollment is reached 10 children)
___4 before 9/1/18	M-W-F	9:00-11:30	BR(20) \$155
___4 before 9/1/18	M-F	9:00-11:30	KR(20) \$245
___4 before 9/1/18	T-W-Th	12:15-2:45	KR(10) \$155(only offered if full enrollment is reached 10 children)

Child's Full Name: _____ Preferred Name: _____ Gender _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Mom's Phone: _____ Dad's Phone: _____

Date of Birth: _____ Place of Birth: _____ Church Affiliation: _____

Parent or Guardian Information:

Mother's Name: _____ Father's Name _____

Mother's email: _____ Father's Email: _____

Name of Employer: _____ Name of Employer: _____

Work Hours: _____ Work Hours: _____

Work Phone: _____ Work Phone: _____

Address: _____ Address: _____

(If different from above) (If different from above)
Marital Status: Married ___ Divorced ___ Separated ___ Single ___ Widowed ___ Other ___

Name of Siblings: _____ Age: _____ School: _____ Grade: _____

Has your child been enrolled in any type of early childhood program previous to this enrollment?

No ___ Yes ___ Name of Program: _____ Reason for leaving: _____

Physician Information

Child's Physician: _____ Telephone Number: _____

Address: _____

****ALLERGIES:** Does your child have any allergies that are medically documented? (circle) NO YES

List allergies: _____

Other medical information: _____

(A medical treatment plan must be in place for any medical conditions that may require the administration of medicine)

EMERGENCY CONTACT INFORMATION

PLEASE LIST IN ORDER OF CONTACT, EMERGENCY NAMES AND NUMBERS *OTHER THAN PARENTS*

	NAME	TELEPHONE NUMBER	ADDRESS	RELATIONSHIP
1.				
2.				
3.				

AUTHORIZATION FOR RELEASE OF CHILD TO PERSONS OTHER THAN THE PARENTS

I, (parents signature) _____, authorize Immanuel Lutheran Preschool Staff to release (child's name) _____ to the following persons after they provide photo identification:

	NAME	TELEPHONE NUMBER	ADDRESS	RELATIONSHIP
1.				
2.				
3.				

****Specify who will be primarily picking up your child:** _____

EMERGENCY FIRST AID PROCEDURES The staff will follow the procedures listed:

1. Scrape or scratch—wash with soap and water, contact parent if bleeding persists.
2. Bump—apply ice, contact parent if the bump is not relieved.
3. Splinter—if the splinter is on the surface with a portion visible out of the skin and the child is relaxed, we will remove the splinter. If the child is distressed, we will contact the parent.
4. Nose bleeds—we will assist the child with cold, damp cloth and ice. If bleeding persists, parent will be contacted.
5. Choking, we will administer emergency choking procedures as taught by pediatric CPR class.

I am fully aware of the First Aid Emergency Procedure that the preschool staff will administer.

***Parent's Signature:** _____ **Date:** _____

Emergency Policy (If an incident requires more than First Aid):

1. Paramedics will be called using 911
2. A parent/guardian will be called. If they cannot be reached an emergency contact will be called.
3. If contacts cannot be reached and transportation is necessary, a staff member will go and stay with the child.

I authorize the preschool staff to utilize the emergency medical policy for the care and protection of my child.

***Parent's Signature:** _____ **Date:** _____

Photo Release

My child (circle one) may may not be photographed to appear in the newspaper or any form of promotion for the preschool including social media.

Religious Instruction

I am aware that religious instruction is taught at Immanuel Lutheran Preschool.

***Parent's Signature:** _____ **Date:** _____

One Time Permission Slip

Parents will be informed in advance of all field trips. To avoid multiple records, we ask that you fill out this field trip permission form.

My child _____ has permission to attend all field trips with Immanuel Lutheran Preschool.

***Parent's Signature:** _____ **Date:** _____

For Office Use Only

Date of Enrollment _____ Date of Discharge _____

5-Day AM _____ 3-Day AM _____ 3-Day PM _____ 2-Day AM _____