

# IMMANUEL LUTHERAN PRESCHOOL

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

[preschool@immanuelmokena.org](mailto:preschool@immanuelmokena.org)

2021-2022 Registration Form

This form must be filled out completely to be processed and the \$90/\$105(per family) non-refundable registration fee submitted.  
Please mark your **1<sup>st</sup> and 2<sup>nd</sup> Choice**:

<u>Age</u>	<u>Day</u>	<u>Class Time</u>	<u>Office use</u>
___ 3 before 9/1/21	T-Th	9:00-11:30	BR(30) \$135
___ 3 before 9/1/21	M-W-F	9:00-11:30	BR(10) \$165
___ 4 before 9/1/21	M-W-F	9:00-11:30	BR(20) \$165
___ 4 before 9/1/21	M-F	9:00-11:30	KR(20) \$255

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 \_\_\_\_\_ Teacher: \_\_\_\_\_