



Noah's Park Christian Preschool Zion Lutheran Church Registration Form

1732 S Main St.

Aberdeen, SD 57401

605) 225-6755

noahsparkaberneth@gmail.com

School Year _____ Session: _____ M.W.F. am _____ M.W.F. pm _____ T.TH. am

Child Information:

Child's Name: _____ Prefers: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____ M _____ F

Home Phone: _____

Family Information:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address : _____ Address : (if different) _____

City: _____ St: _____ Zip _____ City: _____ St: _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Work Phone: _____ ext# _____ Work Phone: _____ ext# _____

Place of Employment: _____ Place of Employment: _____

Sibling names & ages: _____

(over)

Child Personal Information:

Anything you'd like me to know about your child:

_____I have received a copy of the handbook.

_____I would like a scholarship application mailed to me.

Parent/Guardian Signature: _____ Date: _____

Health Record

Child Name: _____ Sex _____ Birthdate _____

Parent/Guardian Names: _____

Check illness child has had:

Measles _____ German Measles _____ Chicken pox _____ Mumps _____

Scarlet Fever _____ Strep Throat _____ Rheumatic Fever _____

What vaccinations has your child received, if any?

DPT _____ DT _____ Hib _____ HeB _____ Polio _____ MMR _____

Food Allergies or Restrictions

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Persons to Contact if Parents are Not Available

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

Names of persons (other than parents) to whom the child may be released:

Names of person to whom the child **may not** be released:

Authorization

I hereby give my permission to Noah's Park Christian Preschool to call a doctor for medical or surgical care for my child or to have my child taken to a hospital by ambulance, should an emergency arise and it deemed necessary by the school. I understand that a conscience effort will be made to locate me or the other parent/guardian before any action will be taken; but if it is not possible to locate us, this expense will be accepted by us.

I also give permission for my child to attend occasional walks and field trips away from the school site. I understand notices will be sent home in advance of field trips (not walks). I further understand that the children will be transported by staff members and that each child will ride with a seatbelt fastened.

I also grant permission for my child to participate in video and audio recordings, pictures of classroom procedures, etc. for use in any media produced by or on behalf of Noah's Park Christian Preschool of Aberdeen.

I understand that Noah's Park Christian Preschool may provide classroom experience for student teachers and interns and agree that student teachers and interns may be a part of my child's classroom environment.

Parent Signature_____ Date_____