

**Ascension Lutheran's Extended Day Preschool
Registration Check List**

Child's Name: _____

Parent's Name: _____

Class Assignment: _____

School Year: _____

Items checked below will need to be turned into the office by: _____

_____ **Registration Fee**

_____ **Supply Fee**

_____ **Registration Form**

_____ **Personal History**

_____ **Medical Emergency Authorization**

_____ **Health Record (from your doctor's office)**

_____ **Immunization Record (from your doctor's office)**

_____ **Pick-up Authorization**

_____ **Waiver Form**

_____ **Health Plan (if needed)**

PRE-KINDERGARTEN REGISTRATION FORM

1701 W. Caley Ave.
Littleton, CO 80120 303-730-2514

This form must be completed and turned into the office to secure your child's enrollment. Registration fee and materials fee are due at the time you bring in your application and are non-refundable. **Make all checks payable to Ascension Lutheran Church - with the name of your child and class assignment noted in the memo.** You may choose **4 or 5** days a week for a child to attend. Please identify below the days for your child to attend.

I wish my child to be enrolled: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

2024-2025 Fees and Tuition (per child): This cost is *after* UPK funding for 15 hours per week.
4 Day: \$175.00/mo. 5 Day: \$300.00/mo.
Registration Fees: \$50.00 Materials Fee \$50.00

CHILD'S INFORMATION (must be 4 by Oct. 1)

Child's full name: _____ Sex: M___ F___
Nickname: _____ Date of Birth ___/___/___
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____

***PARENT OR LEGAL GUARDIAN INFORMATION:**

Mother: _____ Father: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Address of Employer: _____ Address of Employer: _____
Work Phone: _____ cell: _____ Work Phone: _____ cell: _____
E-Mail: _____ E-Mail: _____
Home Address (if different than the child's): _____ Home Address (if different than the child's): _____

Please Initial the Following:

- ◆ _____ I have read the Extended Day Preschool Handbook and agree to its contents and to follow its policies.
- ◆ _____ I give my child permission to attend the bi-monthly chapel service located upstairs in the church sanctuary.
- ◆ _____ I will apply sunscreen lotion to my child before he/she attends Extended Day Preschool.

Signature of Parent or Guardian: _____ Date: _____

*You are required to notify EDP of any changes in legal custody and provide, as required, a copy of any court orders.

Church Affiliation:

Are you a member of Ascension Lutheran Church? Yes___ No ___
Do you attend another church? If so, name of church: _____
If you are not a member of Ascension Lutheran, are you interested in information regarding the church: Yes___ No ___

For Office Use Only

Registration Fee Paid _____ Materials Fee _____ Check # _____ Date Received: _____
Waiting List _____ Class Assignment _____ Time Received _____

Personal and Family Information

Child's Name _____

Is your child right-handed or left-handed? _____

Has your child had any previous group interaction or preschool experience?
Yes ____ No ____ If so, where, and when? _____

Does your child have any allergies? _____

Are there any medical problems of which we should be aware?

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

List special food or eating instructions: _____

List special napping instructions: _____

Does your child have any special fears of which you are aware? _____

What 3 words would you use to describe your child?

Add additional information related to discipline, child's communication,
comforting, and personal habits?

Siblings: (Please indicate ages and if he or she lives in the same home as the
child).

<u>Name</u>	<u>Age</u>	<u>In home?</u>
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Medical Emergency Authorization

Child's Name _____ Birth date _____

Address _____

City/State/Zip _____

Mother's Name _____ Emergency Phone _____

Father's Name _____ Emergency Phone _____

Your child must have two emergency contacts listed that are not a Parent. Parents are always contacted first. The people you list will be the first and second person we will contact if we CANNOT reach the parent(s.). Please make sure that this is someone that will be accessible to pick up your child or have the communication to reach someone who can immediately, as well as make emergency decisions for your child.

First Emergency Contact _____ Relationship to Child _____

Phone Number _____ Address _____

Second Emergency Contact _____ Relationship to Child _____

Phone Number _____ Address _____

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Medical Release: I authorize Ascension Lutheran Extended Day Preschool, to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate any emergency contacts before action is taken. If it is not possible to locate an emergency contact, I (we) accept all expenses. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital _____ if possible, or to the closest available facility.

Parent/guardian signature

Date

Pick-up Authorization

Child's Name _____

NAME _____

PHONE _____

ADDRESS _____

NAME _____

PHONE _____

ADDRESS _____

NAME _____

PHONE _____

ADDRESS _____

NAME _____

PHONE _____

ADDRESS _____

UNDER NO CIRCUMSTANCE WILL CHILDREN BE RELEASED TO ANYONE NOT LISTED
ABOVE WITHOUT THE WRITTEN AUTHORIZATION OF A PARENT!

Rest Mat Waiver

_____ I understand that my child will have a quiet time every day, where they are required by state regulations to lay on a rest mat and read books, puzzles, color or take a nap.

_____ I release Ascension Lutheran Extended Day Preschool and the Ascension Lutheran Church from all responsibility for the condition or loss of my child's rest mat. I understand that it will be stored as safely as possible, and MUST be labeled with my child's name.

Field Trip and Movie Authorization

____ I authorize Ascension Lutheran Extended Day Preschool to allow _____ to participate in walking field trips.

____ I authorize Ascension Lutheran Extended Day Preschool to allow _____ to view G Rated movies as scheduled throughout the school year.

Sunscreen

____ I understand that my child will be going outside for 30 minutes in the late morning. I will apply sunscreen at home prior to drop-off at school. I hereby release Ascension Lutheran's EDP/other staff and administration from any liability for any skin damage or sunburn due to sun exposure while at school.

Photo Release

____ I give Ascension Lutheran's Extended Day Preschool permission to post my child _____'s photo within the school and on the school's website.

Email List

____ I give Ascension Lutheran's Extended Day Preschool the authorization to send needed information to the email(s) listed below with the understanding that I will receive no outside ads or spam. **Please print clearly.**

Name _____ Email _____

Name _____ Email _____

I have read and agree with the above statements.

Parent Signature

Date

Welcome to Ascension Lutheran Extended Day Preschool!